Guidance on ADA Data Collection and Reporting in CIMOR

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Introduction

Purpose and Scope

Substance abuse treatment data are collected in order to glean insight into the addiction problem, to support program evaluation efforts, to justify and aid management of limited public resources, and to support quality improvement efforts in treatment programming. Such data are used at the state-level in outcomes-based budgeting to measure and track program performance. In addition, the state submits its data to the national Treatment Episode Dataset (TEDS) which is used by policymakers, researchers, and many others to obtain national and regional perspectives on alcohol and drug use and its treatment.

The purpose of this document is to provide guidance on the collection and reporting of substance abuse treatment data to the Department of Mental Health's (DMH) Customer Information Management, Outcomes, and Reporting (CIMOR) system. Such direction is necessary in order to ensure data consistency and overall quality. These guidelines are applicable for data collected on ADA Consumers. Other DMH divisions may implement their own policies and guidelines impacting data collection on their Consumers. When a definition or other data-related characteristic has been agreed upon at the DMH department level, this agreed-upon standard shall take precedence and replace any related item in this document and shall be duly noted.

In the absence of a DMH data standard, ADA will provide a data framework through this document based, in part, on the federal TEDS data standards as well as ADA's own data collection and reporting needs. For data collected as part of screenings (e.g. Mental Health, SATOP), assessments (e.g. ASI, GAIN) or other developed instruments (e.g. GPRA), users are instructed to refer to specific documentation or training materials associated with those tools. Data collected with such instruments are beyond the scope of this document.

This document is not intended to be static and will evolve as data elements are added, deleted, or changed in the CIMOR system and as further clarification is needed by those individuals collecting and reporting ADA data.

Federal ADA Data Collection Activities

The Treatment Episode Dataset and National Outcome Measures (TEDS/NOMS)

Initiated in 1992, the Treatment Episode Dataset (TEDS) is a data set of demographic and substance abuse information about individuals admitted to treatment. Data are extracted from CIMOR on a periodic basis and sent to the SAMHSA contractor. TEDS was expanded in 1996 to include discharge information and again in 2006 to collect outcome measures. For the state of Missouri, substance abuse treatment providers are required by contract with the State to provide the TEDS-related data to CIMOR so that data may be supplied to TEDS. Much of the TEDS data comes from the CIMOR TEDS data screens.

The Inventory of Substance Abuse Treatment Services (I-SATS)

The Inventory of Substance Abuse Treatment (I-SATS) is a master list of all treatment sites known to SAMHSA. For Missouri, each treatment site is assigned an id of the form MOXXXXXX, where "X" represents an assigned digit. Treatment sites from all state certified agencies are reported to I-SATS. Non-state certified agencies may request to be included in I-SATS.

The TEDS admission and discharge data are reported by treatment site via the I-SATS ID. The I-SATS IDs are maintained in CIMOR for such reporting. For DOC programs and state facilities, the site is obtained via the enrolling provider. For non-DOC programs, contracted providers, the site information is pulled from the CIMOR encounter data. Therefore, it is important to enter accurate site information (i.e. location where Consumer received the service) when entering encounter data in CIMOR.

State-certified treatment agencies notify the State of changes in its treatment site information through an Organization Change form. This form is posted on the ADA website: http://www.dmh.missouri.gov/ada/provider/forms.htm (Information for Providers - Provider Forms – Organization Information Change Form.) A completed form is then submitted to the District Administrator for approval and then routed through ADA. Information from the Organization Change form is used to update I-SATS. Contracted treatment providers are required to inform the State of changes in site information through the submission of an Organization Change form. Failure to provide updates will result in inaccurate information in both the State's system as well as the Federal system.

The National Survey of Substance Abuse Treatment Services (N-SSATS)

The National Survey of Substance Abuse Treatment Services (N-SSATS) (formerly the Uniform Facility Data Set) is an annual census of all substance abuse treatment sites listed in I-SATS. The N-SSATS survey collects information on facility characteristics including programs offered and also on Consumer counts. N-SSATS is generally administered in the spring. A treatment agency will receive a survey form for each treatment site it operates. Agencies have the option of completing the paper form or completing the survey online. All substance abuse treatment agencies contracted with the State are required to participate in N-SSATS. Non-contracted agencies are strongly encouraged to participate.

Results from the N-SSATS are also used to maintain the Substance Abuse Treatment Facility Locator (http://dasis3.samhsa.gov.) This is an online resource maintained by SAMHSA for locating drug and alcohol abuse treatment programs. It is the State's policy, however, to only have state-certified treatment or nationally accredited agencies listed on the facility locator.

Substance Abuse Prevention and Treatment Block Grant Application

Each year the state of Missouri submits the Substance Abuse Prevention and Treatment Block Grant Application. The Substance Abuse Prevention and Treatment Block Grant provides substantial funding for treatment and prevention programs in the state of Missouri. Missouri is awarded roughly $26 million each year. To support the application for funding, the state must provide SAMHSA with data regarding state need, how the State addresses those needs through its programming, and how successful those programs are in treating and/or preventing substance abuse. Such data include, but are not limited to, number of Consumers served by various demographic breakouts, expenditures by treatment site, and changes in Consumer's substance use, criminal activity, employment status, and living status at discharge vs. admission. Much of this data are pulled from the State's administrative system, now CIMOR. The quality of the data in CIMOR will reflect on the state and its application for federal funding.

Reporting ADA Data to CIMOR

Data Requirements for ADA Programs

Collection of ADA data on primary users is required. For federal reporting, specifically TEDS, all substance treatment programs are required to collect and report ADA data at program enrollment; at level changes, if applicable; and program closure. Substance abuse "treatment" programs, as defined by TEDS, include any programs providing detoxification, residential, day treatment, or outpatient counseling services. Not included are education programs (i.e. DOC STL Education and SATOP Offender Education Program), recovery supports, and intervention services (i.e. Early Intervention Services, SATOP Weekend Intervention Program). ADA TEDS data are no longer required for collateral dependents. For this cohort, Consumer Demographic data are still required.

Frequency of ADA Data Collection

For ADA treatment programs, ADA data are to be collected from Consumer at admission; at program level changes; and at discharge. Most ADA programs including all CSTAR and Primary Recovery Plus programs have levels of care. The ADA TEDS data must be entered for a level of care before the Consumer can be moved to a subsequent level of care. This includes moving from a basic level to an authorized level. Use of *Unknown's* is not allowed at admission nor when transferring to another level. Also note that:

- It is not acceptable to populate CIMOR data items with bogus data.
- It is not acceptable to cancel out of ADA program assignment and never provide data.
- It is not acceptable to leave pre-populated data unchanged if Consumer's status did change

For program enrollment, none of the fields on the ADA program assignment screen are pre-populated. For program level changes and program closure, CIMOR pre-populates fields that are less likely to change. Regardless of whether or not a field is pre-populated, users are expected to update the data if the Consumer's status has changed.

For discharges, *Unknown's* are allowed in limited circumstances. The provider must make a genuine attempt to collect the ADA data. If at discharge, Consumer has dropped out of treatment and provider was unable to collect the ADA discharge data, use of *Unknown's* at program closure is permitted. If the consumer has completed treatment it is expected that the consumer has completed an exit interview and the majority of the data at program closure screen is known.

Timeliness of ADA Data Reporting

ADA considers it good practice to submit ADA admission data to CIMOR within five business days of delivering the first service. Likewise, program level changes (if applicable) should be registered within five business days of the effective date of change.

For ADA episodes of care, the discharge date is defined as the date on which the last billable service was delivered. The discharge date and all required ADA discharge data should be entered into CIMOR if Consumer has not received any face-to-face services within the past 60 days. It is likely that standards will be changed in the near future to reflect these good practices.

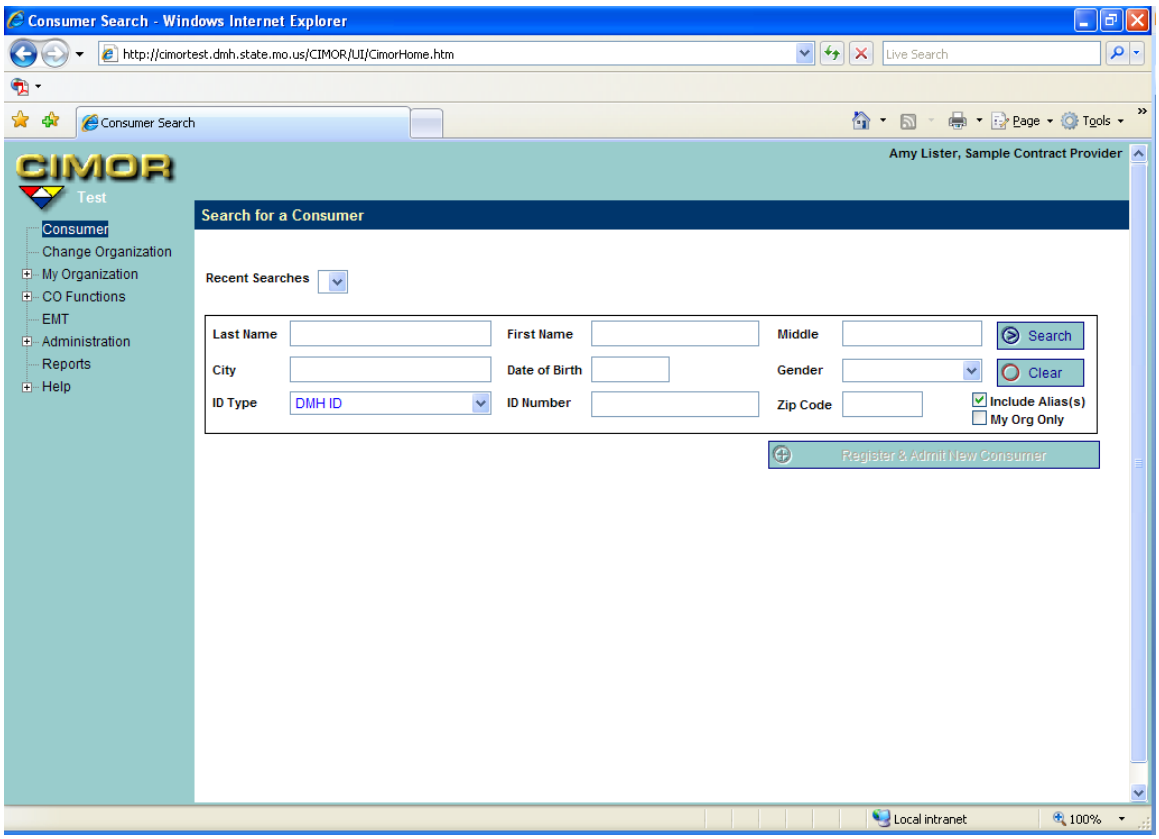
- It is not acceptable to leave an ADA Episode of Care open indefinitely.
- It is not acceptable to leave an ADA Episode of Care open if it is known that the consumer is not coming back to treatment.

Feedback

Feedback and/or questions regarding this document may be submitted to the ADA Research Unit: ADAResearch@dmh.mo.gov. Technical questions regarding CIMOR may be submitted to the Help Desk: Help.Desk@dmh.mo.gov. The Help Desk can be contacted by phone at (573) 526-5888 or Toll Free 1-888-601-4779. Help Desk hours are Monday – Friday 7:00 am to 5:30 pm.

CIMOR Data Items

Consumer Demographics



Important Notes:

On Searching…

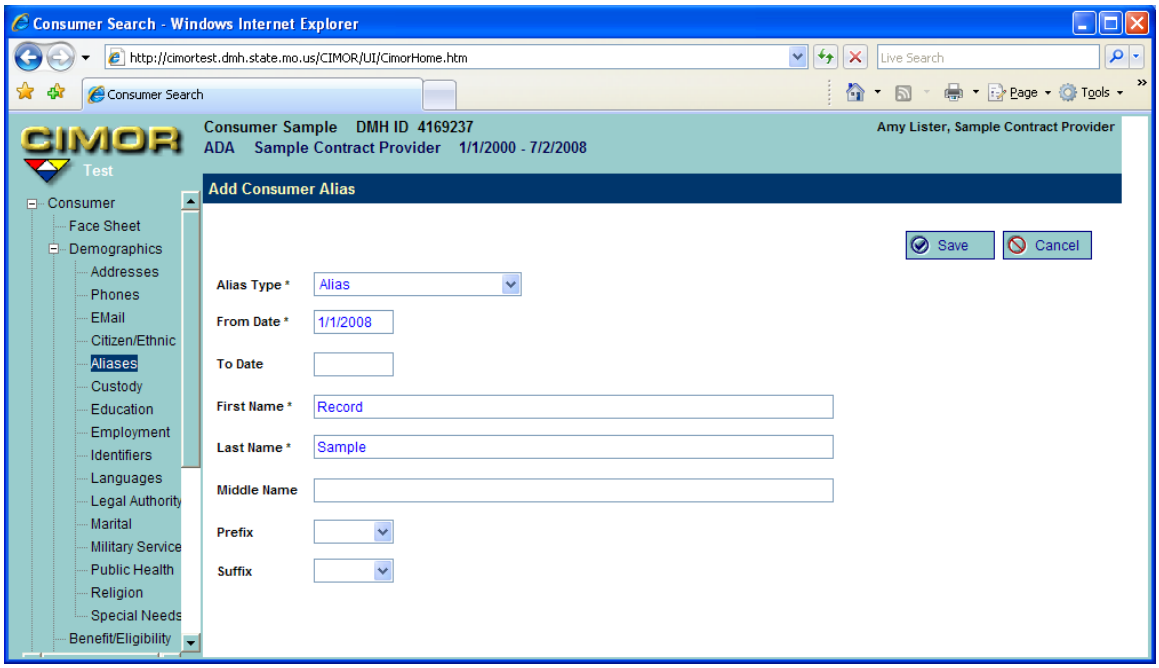
When searching for a Consumer, it is recommended to use Consumer's Social Security Number (SSN). If the Consumer is not found with the SSN, then a combination of first name, last name, and birth date should be attempted. Be sure *Include Alias(s)* is selected. If you enter data in all search fields, Consumer will not be found if just one item is different – i.e. Consumer's SSN or middle name may be blank in CIMOR, spelling of name may be different, female Consumer may have a new last name.

On admitting a previous DMH Consumer…

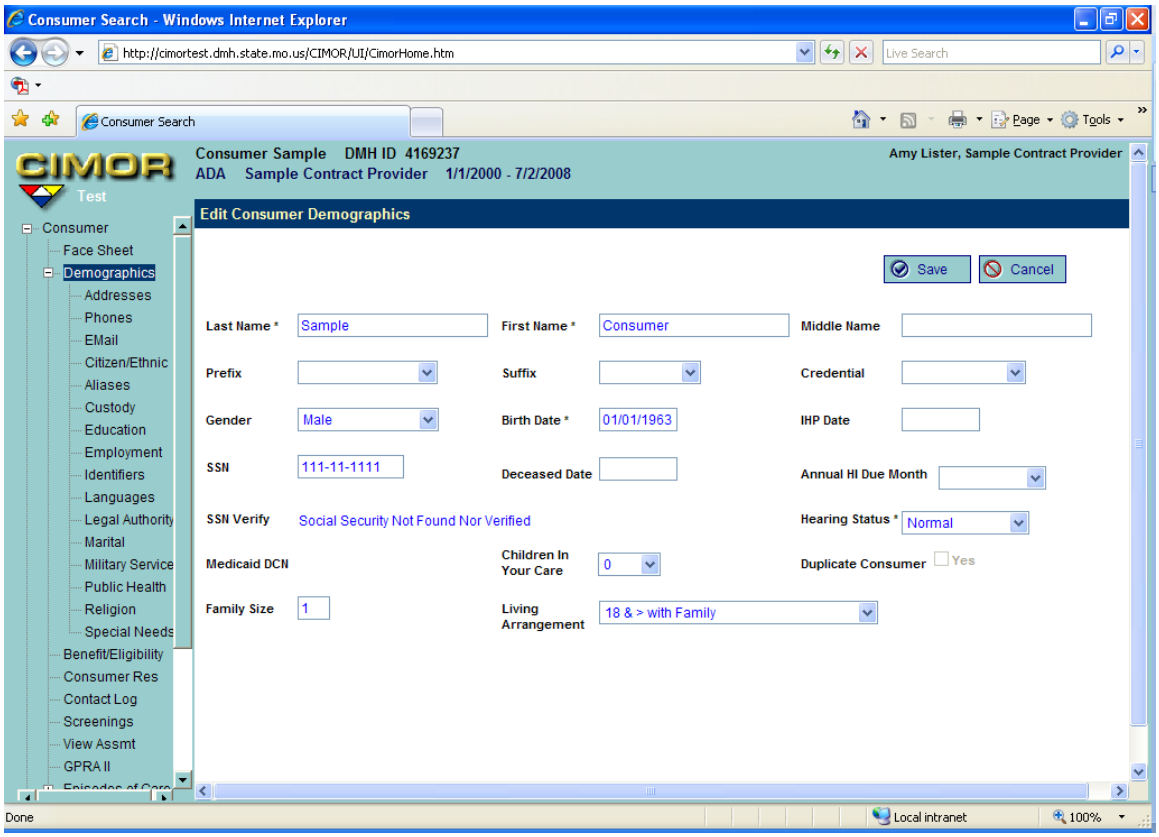
If admitting a Consumer and Consumer is found in CIMOR, verify accuracy of Consumer Demographics such as DATE OF BIRTH, SSN, RACE, HISPANIC ORIGIN, and GENDER. Review the data in Consumer Demographics and update as needed. In particular, verify that CIMOR has the Consumer's current address information and that Consumer's military service information is current.

One of the opportunities that CIMOR provides is collecting nicknames and maiden name of female Consumers. It is recommended that when providers are enrolling new Consumers or admitting a previous DMH Consumer to click on the Aliases link and add the nickname or maiden name.

Aliases



Demographics



BIRTH DATE

Specifies Consumer's date of birth.

Important Notes:
BIRTH DATE is an important data element used in generating Consumer demographic information. It is also a field used to search for a Consumer in the system. Thus, it is important to input accurate birth dates. Common errors include entering the current date or the current year or transposing digits.

After a Consumer has been registered in CIMOR, navigate to the Consumer face sheet and verify AGE. If AGE is incorrect, navigate to Consumer Demographics and correct BIRTH DATE.

FAMILY SIZE

Indicates number of immediate members in a family living together includes: the Consumer, as well as by marriage or birth, parents, children, step-children, siblings, half-brothers, half-sisters, in-laws, nieces, nephews, uncles, aunts, cousins, grandchildren, and grandparents. It also includes domestic partners and foster children. (*Definition from Poverty Level Criteria*)

Important Notes:
The following individuals are NOT to be included in this number: roomers, boarders, lodgers, roommates, and housemates, and all others who share living costs as well as living quarters primarily to share expenses.

FIRST NAME

Specifies Consumer's first name as it would appear on formal identification (i.e. Driver's License, Birth Certificate, etc.) if available.

Important Notes:
Nicknames can be entered under Alias.

GENDER

Specifies Consumer's gender

Valid Entries: (OA Standard, Adopted from the ISO 5218)
Male
Female
Male and Female – i.e. Hermaphrodite
Male from Female – i.e. Transgender with current gender status as male
Female from Male – i.e. Transgender with current gender status as female
Not Known - (Do not use for ADA Consumers)
Not Specified - (Limit use for ADA Consumers)

Important Notes:
For federal reporting of ADA data, anything other than *Male* or *Female* will be reported under *Unknown*.

HEARING STATUS

Indicates Consumer's ability to hear.

Valid entries:
Normal Ability to Hear – No detectable hearing impairment. Able to rely on hearing without difficulty.
Hard of Hearing – Mild to Moderate loss of hearing. Some difficulty with relying on hearing as a means of processing auditory information.

Deaf – Severe loss of hearing (profound). Unable to rely on hearing and use it as a means of processing auditory information.
Unknown Hearing Status - (Limit use for ADA Consumers)

Important Notes:
Use of *Unknown Hearing Status* should be very limited. For ADA Consumers, an attempt must be made to get a known hearing status. In the event *Unknown Hearing Status* is used, hearing status information should be updated in CIMOR (Consumer Demographics) when hearing status is identified.

A person's hearing status is generally independent of use of hearing aids.

LAST NAME

Specifies Consumer's last name as it would appear on formal identification (i.e. Driver's License, Birth Certificate, etc.) if available.

Important Notes:
Female Consumers can have the maiden name entered under the Alias tab.

LIVING ARRANGEMENT

Specifies Consumer's usual living environment (i.e. where the Consumer has been living most of the time during the past 30 days.)

Valid entries:

FOR MINOR CONSUMERS
<18 with Both Parents
<18 with Foster Home
<18 with Independent Living
<18 with Other – (Only use when no other category works for minor Consumer)
<18 with Other Relatives
<18 with Parents / Step Parent
<18 with Private Care Facility
<18 with Public Care Facility
<18 with Single Parents
FOR ADULT CONSUMERS
18 & > Homeless Shelter
18 & > Jail / Correctional Facility
18 & > with Adult Foster Care
18 & > with Alone
18 & > with Family
18 & > with Homeless – Includes unsheltered (i.e. living in automobile, abandoned building, on the "street") and emergency shelter (typically < 30 days)
18 & > with Nursing Home
18 & > with Other – (Only use when no other category works for adult Consumer)
18 & > with Other Public / Private
18 & > with Parent or Siblings
18 & > with Spouse Only
18 & > with Transitional – Typically supervised housing 3 months to 1 year.
18 & > with Unrelated Person

FOR CONSUMERS OF ANY AGE
All ages with CSTAR Residential
All ages with CSTAR Supported Housing
All ages with Oxford Housing
All ages with Refused to Answer
Residential Care Facility (RCF)
Unknown - (Not allowed on ADA Program Assignment)

Important Notes:
Watch the age criteria on the selections.
- Do not use a *"18 & >..."* selection for a Consumer that is a minor.

NOTE → For the person collecting living arrangement data, it is important to find the best fitting category given the Consumer's response. Do not throw every response into an *Other* category.
- Resist using *Other* categories including *<18 with Other* and *18 & > with Other* for ADA Consumers. Probe Consumer for more information.

You can only select one response. If the Consumer has been living in more than one place for the past 30 days, count where he/she has been living for 15 or more days, or where they have been living the longest.

NUMBER OF CHILDREN IN YOUR CARE

Number of non-emancipated children, either by birth or adoption, in the Consumer's care.

Important Notes:
Does not include step-children.

SSN

Indicates a Consumer's social security number.
Important Notes:
In order to bill ADA for services rendered, a valid social security number must be provided. SSN's are verified with the Social Security Administration through an overnight process.

SSN VERIFY

Indicates if Consumer's SSN has been verified through cross-checking with the Social Security Administration. Value is provided by CIMOR and not directly entered by service providers.

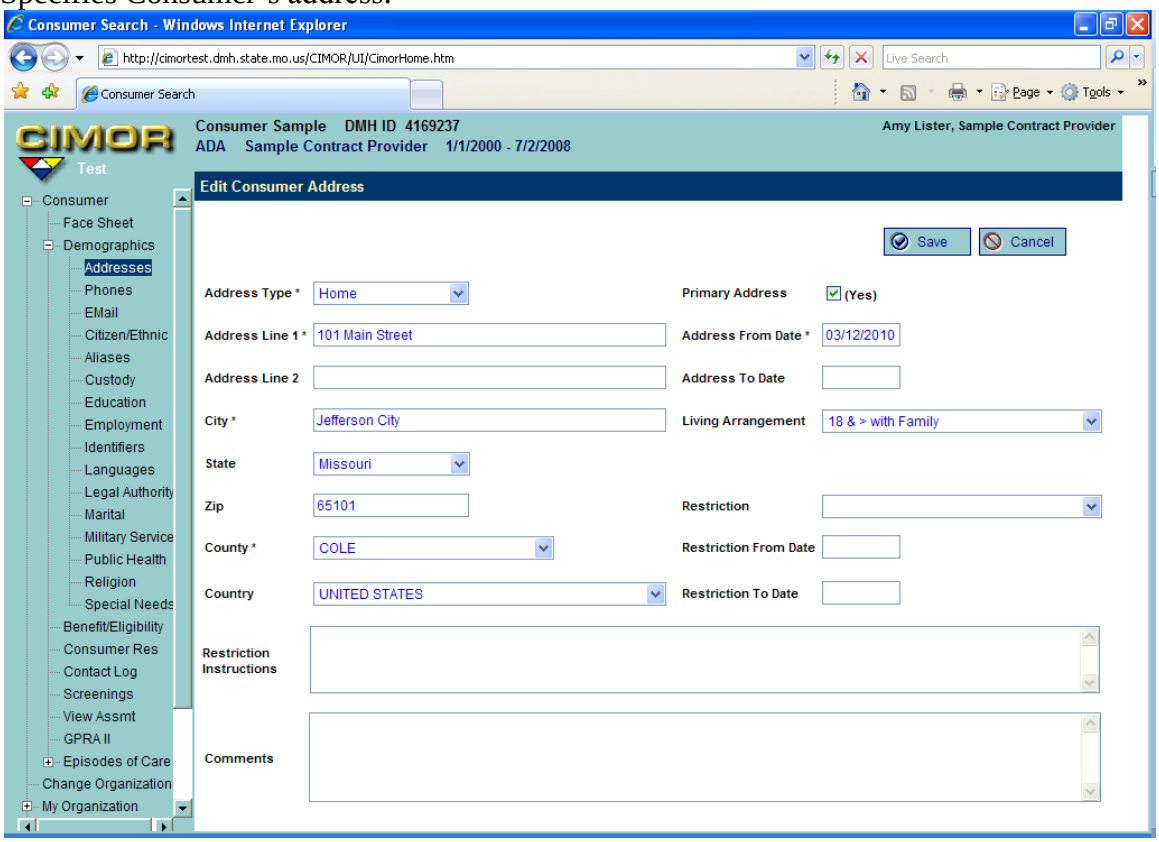
Verification Status Values:
SSN is verified – SSN has been verified with SSA.
SSN is verified, but individual is deceased – SSN is verified, NUMIDENT indicates individual is deceased (appears only on queries where Category of Assistance indicates Food Stamp involvement).
SSN is not in file – SSN is not in file.
Surname matched, but DOB not matched – Surname matched, but DOB did not match NUMIDENT. The DOB on the NUMIDENT will be displayed in the Verified SSN Data field.
Name does not match – Name does not match (e.g., SSN submitted for John Smith belongs to Pam Jones); DOB was checked.
SSN is verified (surname ignored) – SSN is verified (surname ignored).
SSN verfied MBR or SSR (overlay of '1') – SSN verfied MBR or SSR (overlay of '1').
SSN verfied MBR or SSR (overlay of '3') – SSN verfied MBR or SSR (overlay of '3')
SSN verfied MBR or SSR (overlay of '5') – SSN verfied MBR or SSR (overlay of '5').

CAN verified instead of SSN – Verification code for records in which State submitted a CAN (claim account number) instead of an SSN. SSA found the CAN on the MBR, but did not verify the SSN with the NUMIDENT.
SSN not verified – The input SSN was not verified. SSA location and verified the SSN shown in the Verified SSN Data field (positions 109-153) of the Type I response).
Multiple SSNs – Multiple SSNs are provided in Verified SSN data field, up to five..
SSN verification requested – SSN verification requested. Set when a request is sent to SSA for SSN verification so that the user can easily tell when a request is in process.

Important Notes:
In order to bill ADA for services rendered, a valid social security number must be provided. SSN's are verified with the Social Security Administration through an overnight process.

Address

Specifies Consumer's address.



ADDRESS TYPE

Valid Entries:
Home – Physical location
Mail – Includes PO Box's
Billing

Important Notes:
All Consumers should have a home address entered. It is important to get good address information on the Consumer.

ADDRESS LINE 1

ADDRESS LINE 2

Important Notes:
Make every attempt to get a home address for Consumer. If Consumer is Homeless, it is acceptable to put "HOMELESS" in ADDRESS LINE 1.

If Consumer has two different addresses (ex. Parents have shared custody), then enter two separate address records rather than trying to put one address on ADDRESS LINE 1 and the other on ADDRESS LINE 2. Mark the primary custodial parent's address as PRIMARY.

If ADDRESS TYPE = *Home*:

- Do not put a PO Box in ADDRESS LINE 1.
- ADDRESS LINE 1 should contain a physical address including a house number and a street name. Make every attempt to get a house number.
- Avoid using the intersection of two roads as the address. Avoid using the name of an apartment complex, motel, office building, or mall in ADDRESS LINE 1.
- Do not include notes in ADDRESS LINE 1 such as "This is his mother's address"
- It is acceptable to put PO Box's in ADDRESS LINE 2 (but probably should be entered as a separate address with ADDRESS TYPE=*Mail*.)

CITY

Important Notes:
If Consumer is Homeless, do identify the city where the Consumer has spent most of his/her time in the past 30 days.

Do not abbreviate KC or STL but rather spell 'Kansas City' and 'St Louis'. Be cognizant of spelling.

City entered should be in the county entered (i.e. Columbia, MO in Boone County).

COUNTY

Indicates Consumer's county of residence.

Important Notes:
Enter a valid Missouri county if Consumer is a Missouri resident. Be cognizant of spelling.

Select Non-resident if Consumer resides outside of Missouri.
Avoid using *Unknown* for ADA Consumers.

If Consumer is Homeless, do identify the county where the Consumer has spent most of his/her time in the past 30 days.

FROM DATE

For ADDRESS TYPE=Home, indicates approximately when Consumer began living at the address.

PRIMARY ADDRESS

Indicates Consumer's physical address. All Consumers should have a primary home address identified.

STATE

Indicates Consumer's state of residence.
Important Notes:
If Consumer is a resident of Missouri, enter 'MO'.

TO DATE

For ADDRESS TYPE=Home, indicates approximately when the Consumer moved or stopped living at the address.

Important Notes:

If one address is terminated by entering a TO DATE, then a new address record should be added with the Consumer's new address. The new address would not typically have TO DATE and it would be checked PRIMARY.

ZIP

For ADDRESS TYPE=Home, indicates Consumer's zip code.

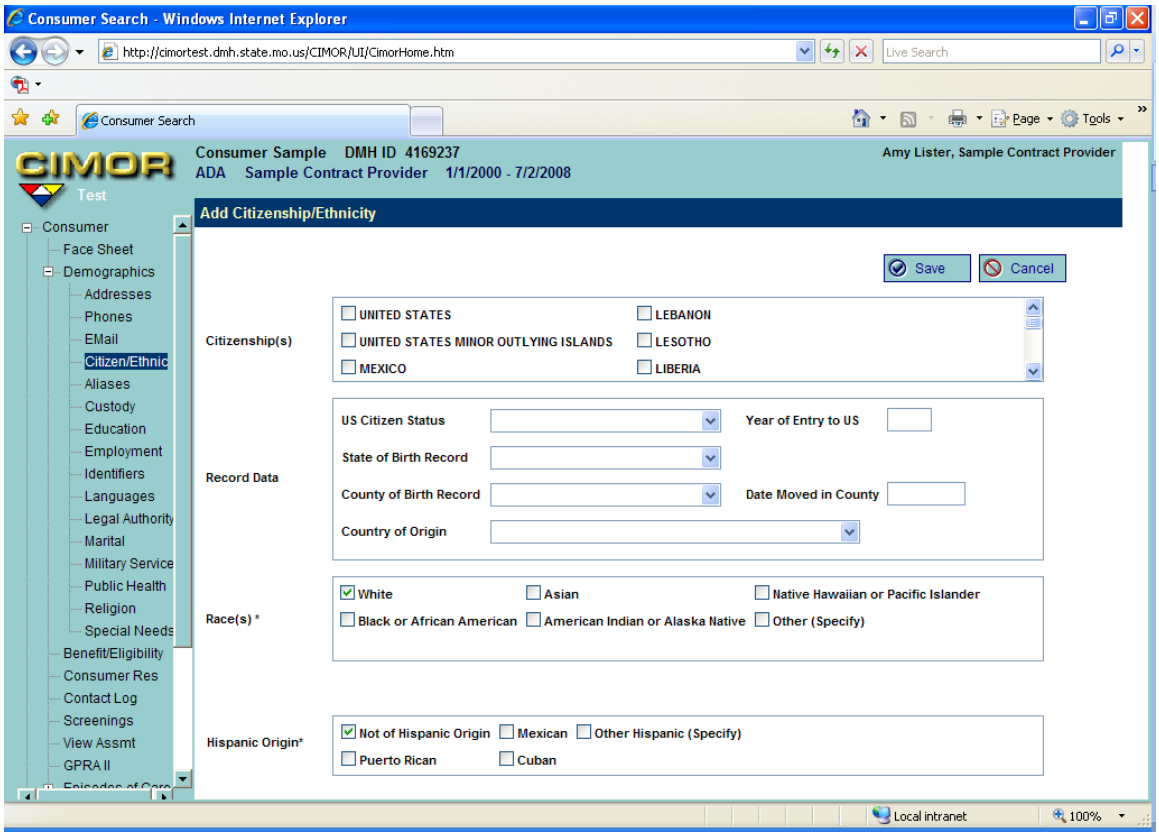
Important Notes:
Try to consistently use 5-digit zip codes.

Valid zip codes can be obtained at the U.S. Postal website search: http://zip4.usps.com/zip4/welcome.jsp

LIVING ARRANGEMENT (defined in Consumer Demographics)

(Control + Click to follow link)

Citizen/Ethnic



RACE(S)

Specifies Consumer's race

Valid Entries: (Definitions from the Federal Register Vol 62, No 210)
White – Origins in any of the original peoples of Europe, the Middle East, or North Africa
Black or African American – Origins in any of the black racial groups of Africa
Asian – Origins of any of the original people of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
American Indian or Alaskan Native – Origins in any of the original peoples of North and South America (including Central America) and who maintain cultural identification through tribal affiliation or community attachment.
Native Hawaiian or Pacific Islander – Origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
Other (Specify) – (Only to be used if Consumer indicates a race that does not fit into the above categories. Marking *Other* will require user to specify race in text box.)

Important Notes:
Ethnicity (HISPANIC ORIGIN) and RACE are collected separately as two different data items. This is consistent with data collection methods used by the federal government. Technically, Hispanic is not a race. A person of Hispanic origin may be of any race.

From the 2000 US Census: For the U.S. Hispanic population, 47.9% indicated a race of white and 42.2% did not identify with a race category given, indicating "some other race."
Overview of Race and Hispanic Origin, U.S. Census Bureau (March 2001).

Ultimately, a person's race and ethnicity is what he/she considers himself/herself to be. If a Consumer that is of Hispanic origin does not identify with any given race, it is acceptable to mark *Other* and specify "Hispanic" in the text box.

NOTE → For the person collecting race / ethnicity data, it is important to find the best fitting category given the Consumer's response.

The race field allows for multiple selections for situations when Consumer indicates he/she is of two or more races. In the case of multiple races, mark each appropriate race category.
- Do not mark *Other* and specify "bi-racial." Probe Consumer for specific races.
- Do not mark *Other* and specify "½ xxx and ½ xxx." If Consumer indicates race as "White/African American", mark both *White* and *Black or African American* – do not mark *Other*.

If the Consumer indicates a country of origin, an attempt should be made to place the country in the appropriate continent or sub-continent according to the definitions provided above.
- Resist marking *Other* and specifying country of origin or nationality. If Consumer indicates "Irish descent", mark *White*.

HISPANIC ORIGIN(S)

Identifies Consumer's specific Hispanic Origin. Hispanic or Latino is defined as Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. (*Definition of Hispanic Origin from the Federal Register Vol 62, No 210)*

Valid Entries:
Not of Hispanic Origin
Puerto Rican – Of Puerto Rican origin regardless of race
Mexican – Of Mexican origin regardless of race
Cuban – Of Cuban origin regardless of race
Other Hispanic (specify) – (Only to be used if Consumer indicates a Hispanic Origin that does not fit into the above categories. Marking *Other* will require user to specify Hispanic Origin in text box.)

Important Notes:
Ethnicity (HISPANIC ORIGIN) and RACE are collected separately as two different data items. This is consistent with data collection methods used by the federal government. Technically, Hispanic is not a race. A person of Hispanic origin may be of any race.

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Overview of Race and Hispanic Origin, U.S. Census Bureau (March 2001).

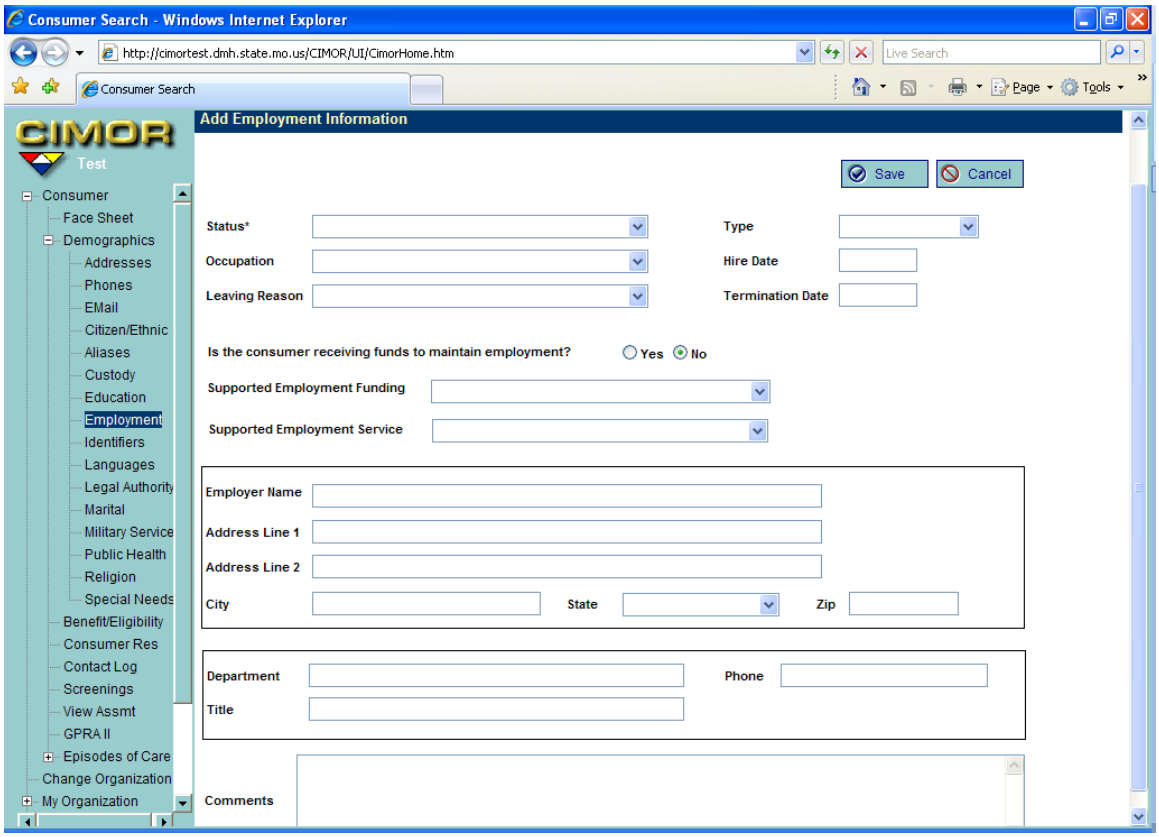
Ultimately, a person's race and ethnicity is what he/she considers himself/herself to be.
NOTE → For the person collecting race / ethnicity data, it is important to find the best fitting category given the Consumer's response.

The HISPANIC ORIGIN field does not allow for multiple selections. If Consumer identifies with more than one HISPANIC ORIGIN, it is acceptable to mark *Other* and specify "½ xxx and ½ xxx"

If the Consumer indicates a country of Hispanic origin that is not listed, it is acceptable to mark *Other* and specify country or nationality.
- Marking *Other* and specifying "Columbian" is acceptable.
- Do not mark *Other* and specify *Mexican*. (Mark *Mexican*.)

Currently, ethnicity is collected to distinguish only those groups or sub-groups of Hispanic or Latino origin. Do not enter data on ethnicities other than Hispanic or Latino in the Hispanic Origin data field.
- Do not mark *Other* and specify "German." (If Consumer indicates only ethnicity is German, then *Not of Hispanic Origin* should be marked.)

Employment



STATUS (Employment)

Identifies the Consumer's current working status.

Valid entries:

Employed – Full Time (35+ hrs/wk) – Working 35 hours or more each week, including members of the uniformed services.

Employed – Part Time (< 35 hrs/wk) – Working fewer than 35 hours each week

Sheltered Workshop – Work organized by specialized providers (usually contracted with DESE) to create assembly jobs for people with disabilities

Supported Employment - Normally involves a job coach supporting Consumer working in a competitive environment (fast food, grocery, etc.)

Unemployed – sought last 30 or on layoff – Looking for work during the past 30 days or on layoff from a job.

Not in Workforce – Homemaker

Not in Workforce – Student (acad. or vocational) – Includes summer or time between active semesters.

Not in Workforce – Preschool (Not available in ADA TEDS)

Not in Workforce – Retired

Not in Workforce – Disabled

Not in Workforce – Inmate of Institution (invol) – Prison or other institution that keeps a person, otherwise able, from entering the labor force.

Not in Workforce – Other – Use when above categories do not apply and Consumer has not been actively seeking work in the past 30 days.

Important Notes:

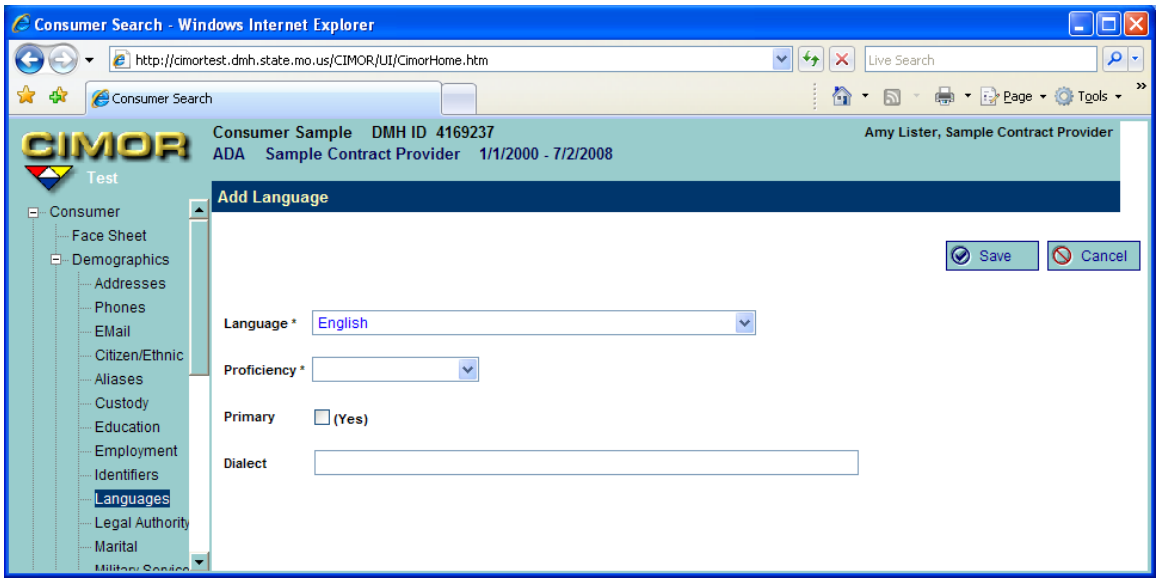
If Consumer indicates "unemployed", probe to determine why and if Consumer has been actively seeking work. Only use *Unemployed – sought last 30 or on layoff* if the Consumer has been actively seeking work in the past 30 days or is on layoff from a job. If Consumer is unemployed and has not been actively seeking employment, then mark *Not in Workforce – Other*.

If Consumer is employed, then either full-time or part-time should be marked based on the hours worked per week. If Consumer retired from one job but is currently working a part-time job, then mark *Employed – Part-time* and do not mark *Not in Workforce - Retired*.

Seasonal workers are categorized based on their employment status at the time of data collection (i.e. admission, discharge, etc.)

Gambling is not counted as employment.

Language



PREFERRED LANGUAGE

(Same as LANGUAGE with PRIMARY checked "yes")
Indicates Consumer's primary system of communication (i.e. English, American Sign, Spanish, Korean, etc.)

[North American]
American Sign Language (Specify if known – ASL, SEE, PSE, etc.)
Spanish (Mexico, Central/South America, Spain)
Native American Languages (including Inuit)

[Middle Eastern]
Arabic
East Indian/Pakistani Language (Specify if known)
Farsi (Persian)
Hebrew
Lebanese
Turkish

[African]
Burundi (Kirundi)
Ethiopian
Rwandian
Somali
Swahili
Other African Languages (Specify if known)

[European]
Eastern European (Specify if known) – Includes Albanian, Bulgarian, Croatian, Czech, Estonian, Hungarian, Latvian, Lithuanian, Polish, Romanian, Serbian, Slovak, Slovene (Russian not included - Russian is listed separately)
French
German
Greek

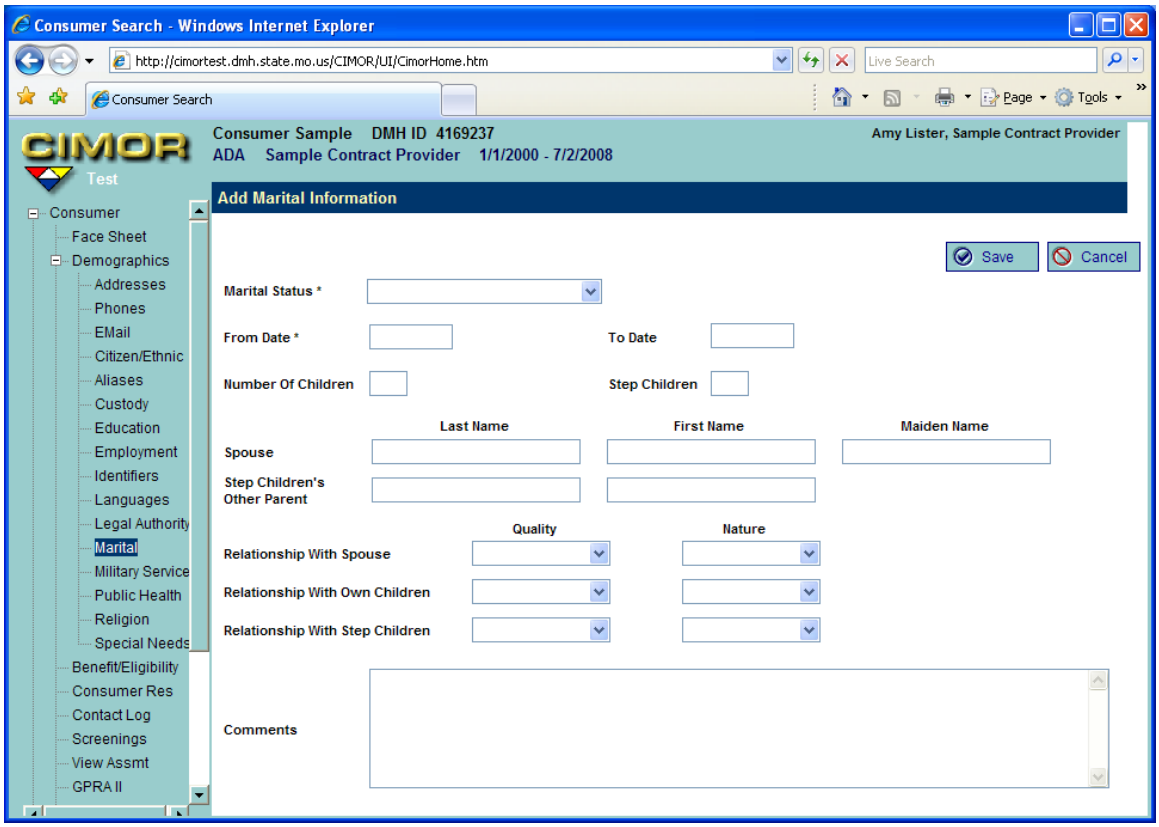
Italian
Northern European/Scandinavian (Specify if known) – Includes Swedish, Finnish, Danish, Norwegian
Portuguese
Russian

[Asian]
Cambodian (Khmer)
Chinese
Japanese
Hindi
Korean
Laotian
Philippines
Vietnamese
Other Asian/Pacific Rim Languages (Specify if known)

[Other]
Other (Specify Language Description-Required) – (only use if no other category works)
Unknown or Unable to Determine (limit use for ADA Consumers)

Important Notes:
Use of *Unknown or Unable to Determine* should be very limited. For ADA Consumers, an attempt must be made to identify Consumer's primary language. If unable to determine at admission, then language information should be updated in CIMOR (Consumer Demographics Language) when primary language is identified.

Marital



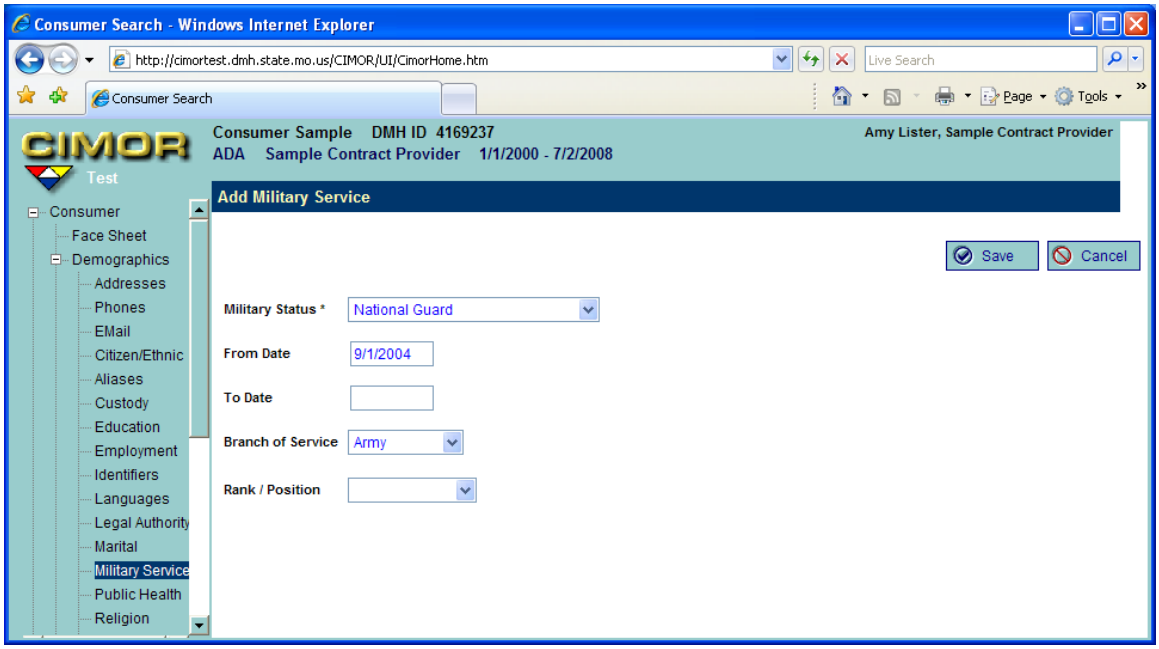
MARITAL STATUS

Identifies Consumer's marital status.

Valid entries:
Never Married – Includes Consumers who have never been married and those whose only marriage was annulled.
Married – Has a valid marriage license and living together
Widowed – Widowed and not remarried
Divorced – Divorced and not remarried
Separated – Includes those separated legally or otherwise absent from spouse because of marital discord
Remarried – Currently married but has gone through a divorce in the past
Common Law – Meets the definition of common law union according to the state of residence. Note the state of Missouri does not recognize common law marriages (RSMo 2006 § 451.040)
Living as married – Living as married but without a valid marriage license
Living Together - (Not available in ADA TEDS) living together, unspecified
Unknown - (Not available in ADA TEDS)

Important Notes:
For the purpose of ADA data collection and federal reporting of substance abuse data, categories *Married*, *Common Law*, *Remarried*, and *Living as married* are indistinguishable and will typically be reported together under category *Married* (consistent with federal TEDS reporting.) It is recommended that *Living Together* not be used for ADA Consumers.

Military Service



MILITARY STATUS

Indicates status of Consumer's military service.

Valid entries:
Active – (a.k.a Active Duty) Military members who are serving full time in their military capacity.
Discharged – Honorable – Discharge from the armed forces with an Honorable discharge.

Discharged – Medical – Discharge from the armed forces due to physical or mental condition which has been determined to interfere with the ability to service in the military.
Discharged - less than honorable – Includes the following discharges: General, Other Than Honorable, Bad Conduct, Dishonorable.
Inactive Reserve – Member of the military reserve units and who is in inactive status.
Active Reserve – Member of the reserve units and who is in active status.
National Guard – Mark if National Guard regardless of status.
Veteran – Meets one of the following:

- Had at least 180 days of active duty service and was honorably discharged or released;
- Had at least 90 days of active duty service which included active duty service during a conflict including Persian Gulf, Panama, Grenada, Lebanon, Vietnam, Korea, and WWII and was honorably discharged or released.
- Served in wartime and received Purple Heart or service-connected disability.

None – Consumer has no military service.

Important Notes:
Military Status is required for all ADA adult Consumers.

CIMOR allows multiple military service records to be entered if Consumer has more than one. Under Consumer, Military Service, click the ADD button to add additional service records.

FROM DATE

Date Consumer initiated military service. Leave blank if Consumer has no military service.

TO DATE

Date military status changed. Leave blank if military status has not changed or if Consumer has no military service.

BRANCH OF SERVICE

Identifies the Consumer's branch of the Armed Forces of the United States. If none, leave blank.

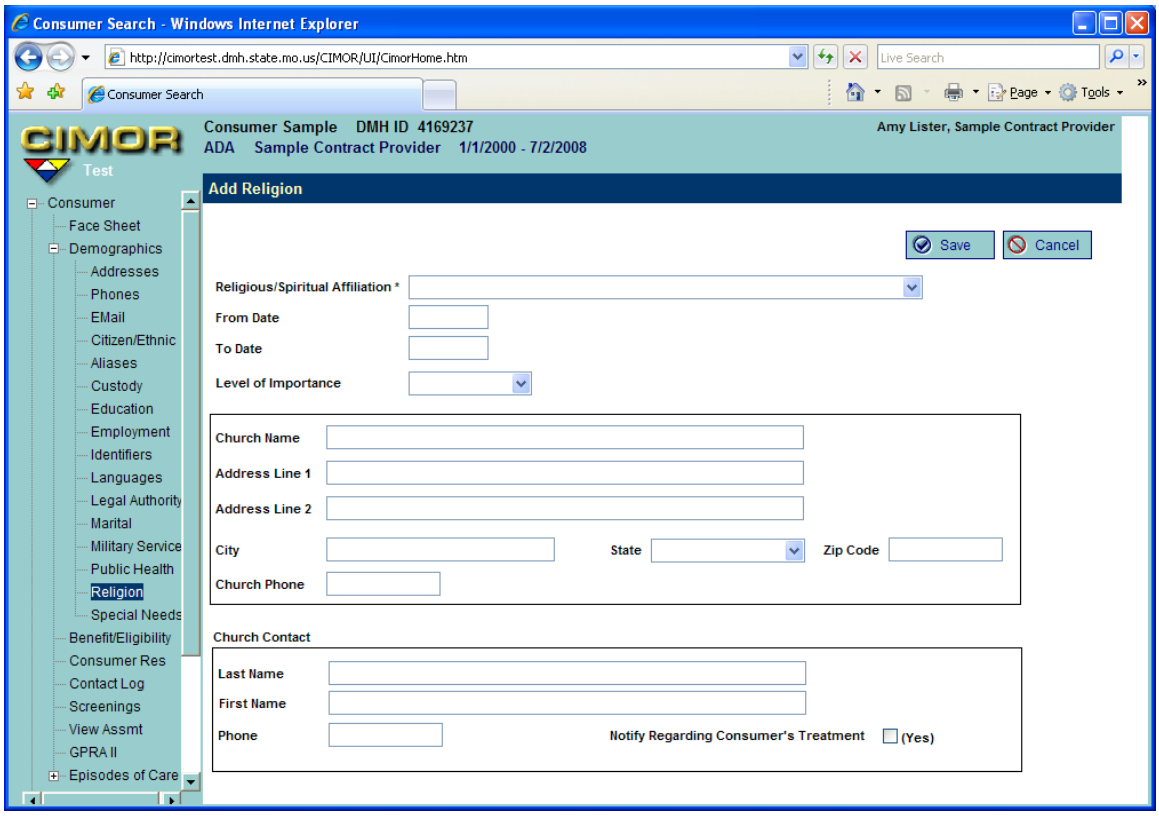
Valid entries:
Air Force
Army
Coast Guard
Marines
Navy

RANK/POSITION

Identifies the Consumer's rank or position while in military service. If none, leave blank.

Valid entries:
Enlisted – Below the rank of a commissioned officer or warrant officer.
Officer – A commissioned officer.
Warrant Officer – An officer in the U.S. Army or Marine Corps who holds a warrant as opposed to a commission**.**

Religion



RELIGIOUS SPIRITUAL AFFILIATION

Indicates Consumer's preference in religious affiliation.

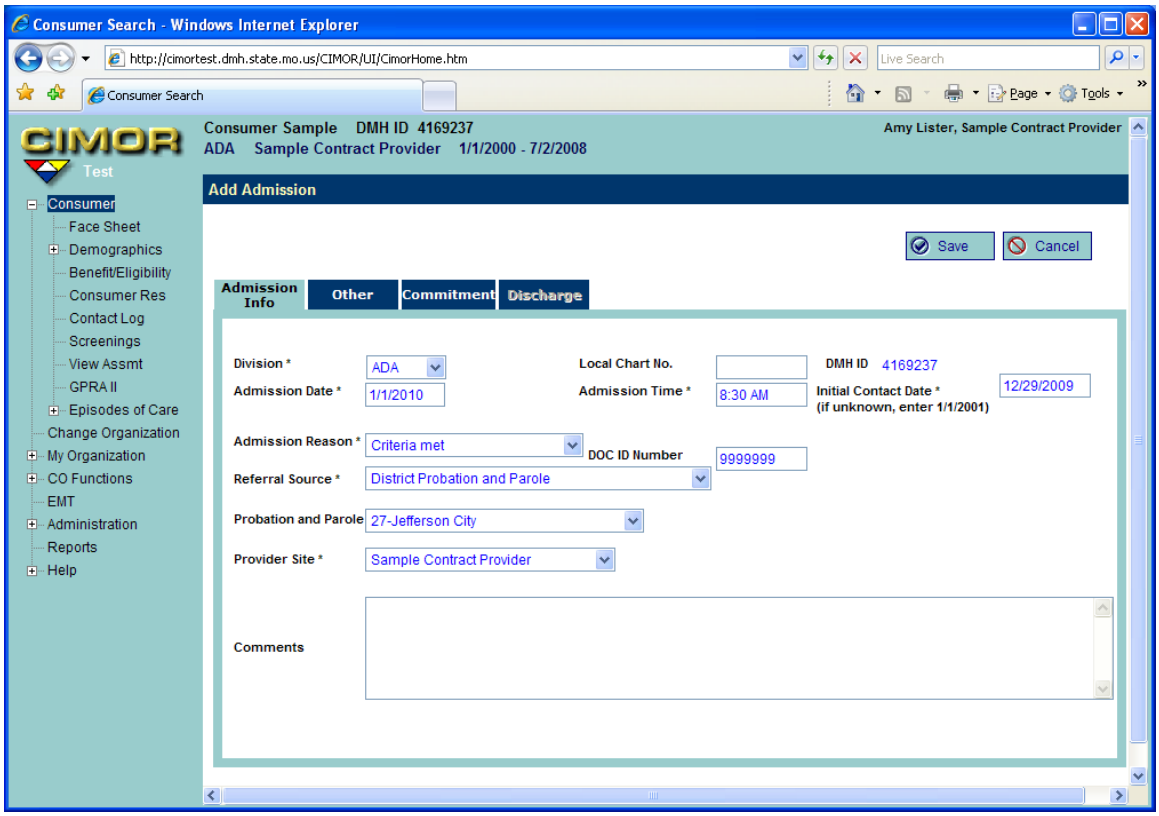
See CIMOR for list of selections.

Important Notes:

Do ask Consumer if he/she has a religious preference. If Consumer indicates "none," enter *None* in RELIGIOUS SPIRITUAL AFFILIATION. If Consumer declines to answer, it is acceptable to leave blank but preference would be to enter *Unknown* in RELIGIOUS SPIRITUAL AFFILIATION.

Consumer Episode of Care

Admission



ADMISSION DATE

Indicates the date of the first face-to-face treatment contact (includes assessments.)

Important Notes:
ADMISSION DATE and DISCHARGE DATE define the Consumer's Episode of Care.

Program FROM DATE and Program Level FROM DATE should never come before ADMISSION DATE. Programs are contained within Episode's of Care and Program Levels (if applicable) are contained within Programs.

ADMISSION REASON

Indicates the reason Consumer is being admitted to the program. *(DMH standard definition)*

Valid entries:
Criteria Met: - Generally applies to Consumers whose admission is voluntary (including voluntary by guardian) and who meet the eligibility criteria to receive services.
Court Ordered - A court has issued an order for the Consumer to receive outpatient services.
Commitment - A Consumer has been involuntarily admitted to receive inpatient services without a court order (e.g. admission by law enforcement)
Court Ordered & Commitment - A court has issued an order for the Consumer to receive inpatient services.
MRDD Intake and Evaluation – (Do not use for ADA Episode of Care)
Administrative Transfer – Transfer between facilities

Important Notes:
Involuntary commitments, where the individual presents a likelihood of serious harm to self or others as the result of substance abuse, should be marked either as *Commitment* or *Courted Ordered & Commitment.* Involuntary commitments will involve either detox or residential services (9 CSR 30-3). Involuntary commitments require specific forms:

> *Commitment* will involve an Application Imminent Harm (DMH 132), an Affidavit (DMH 142), and a List of Witnesses (DMH 137) and is initiated by a Peace Officer or a Qualified Substance Abuse Counselor.
>
> *Courted Ordered & Commitment* will typically involve an Order for 96 Hour Detention (DMH 129, OSCA MH 20) or a 30-day commitment order Judgment for Involuntary Detention (DMH 136, OSCA MH 40).

Codependents should be coded as *Criteria Met*.

Drug Court consumers should be coded as *Criteria Met* (but will need to select *Drug Court* as a REFERRAL SOURCE).

A consumer ordered to treatment by a probation or parole officer should be marked *Criteria Met* (but will need to select *District Parole and Probation* as a REFERRAL SOURCE).

DOC ID

Indicates the Department of Corrections identification number assigned to the Consumer.

Important Notes:
DOC ID is only applicable for those Consumers that have been or are currently under the supervision of the Missouri Department of Corrections.

DOC ID is a required field if the REFERRAL SOURCE is a DOC referral source.

INITIAL CONTACT DATE

Indicates the date the Consumer requested services and was available to receive services for the specified treatment episode. Initial request may have been over the phone or in person.

Important Notes:
If currently not collected, may enter "1/1/01" to signify "unknown/not collected."

For a Consumer who is in an Episode of Care and is currently receiving services: If a second Episode of Care must be created for legitimate administrative reasons, then enter "1/1/01" on the second Episode of Care to signify "not applicable."

INITIAL CONTACT DATE is not date that the Consumer first ever contacted the provider if consumer had prior episodes. INITIAL CONTACT DATE refers to the current episode of care. It will be used to calculate 'days waiting to enter treatment.' It is intended to capture the number of days the client must wait to begin treatment because of program capacity, treatment availability, admissions requirements, or other program requirements. It should not include time delays caused by client unavailability or client failure to meet any requirement or obligation.

INITIAL CONTACT DATE may never be greater than admission date.

INITIAL CONTACT DATE may be equal to admission date if Consumer was admitted when treatment was first requested.

INITAL CONTACT DATE may equal the date the Consumer was placed on a waiting list if a treatment slot was not available upon first request.

DIVISON

Consumers receiving substance abuse treatment services will be enrolled under *ADA* Division

PROBATION & PAROLE

If REFERRAL SOURCE = *District Probation and Parole*: Indicates the probation and parole office that referred consumer to services.

If REFERRAL SOURCE = *DOC – Institutional Treatment Program*: Indicates the correctional center that referred consumer to services.

[See CIMOR for specific list.]

Important Notes:
This field only appears if *District Probation/Parole* or *DOC – Institutional Treatment Program* is selected for REFERRAL SOURCE.

Obtain PROBATION & PAROLE from the Missouri Department of Corrections – Community Services Treatment Referral Form. It is important that the correct P&P Office be entered into CIMOR as ADA must generate reports by P&P Office.

PROVIDER SITE

Important Notes:
It is acceptable for the enrolling agency to admit (EOC Admission screen) under the parent agency but encounters (EOC Services screen) must be recorded under the site where services are provided.

Parent (main) sites are of the format "Agency Name" while children (satellite) sites are of the format "Agency Name – City" or "Agency Name – City (Street)." When entering encounter data,
-Do not put encounter data under parent site unless Consumer received services at the parent site.

REFERRAL SOURCE

Describes the person or agency referring the Consumer to the program.

This is a field that is used department wide and must serve many uses. The list of selections for this field is long and selections are not always mutually exclusive. Listed below are the preferred selections to be used for ADA Consumers.

Preferred valid entries for ADA Consumers:

CRIMINAL JUSTICE INVOLVEMENT
Attorney / Legal Counsel

Drug Court
Court, Law Enforcement, Corrections – Other than drug court, DOC program, or SATOP
District Probation and Parole
DOC – Institutional Treatment Program – (Only for use by DOC programs)
DOC – Transitional Housing – (Only for use by DOC programs)
DOC – Other – (Only for use by DOC programs)
Mental Health Court
SATOP Screening – Includes DUI/DWI
Other, Non-Voluntary - (Use only if no other criminal justice involvement category works)

MENTAL HEALTH / HEALTH
CMHC – Community Mental Health Center
Freestanding ADA – Another ADA treatment agency
Private Practice MH Prof – Private Practice Mental Health Professional
Non-Psychiatric Physician
Other Mental Health Facility
Medical Facility – Medical facility (non-mental health)
Non-Psychiatric Physician
Veterans Administration

INDIVIDUAL
Self
Family, Relatives

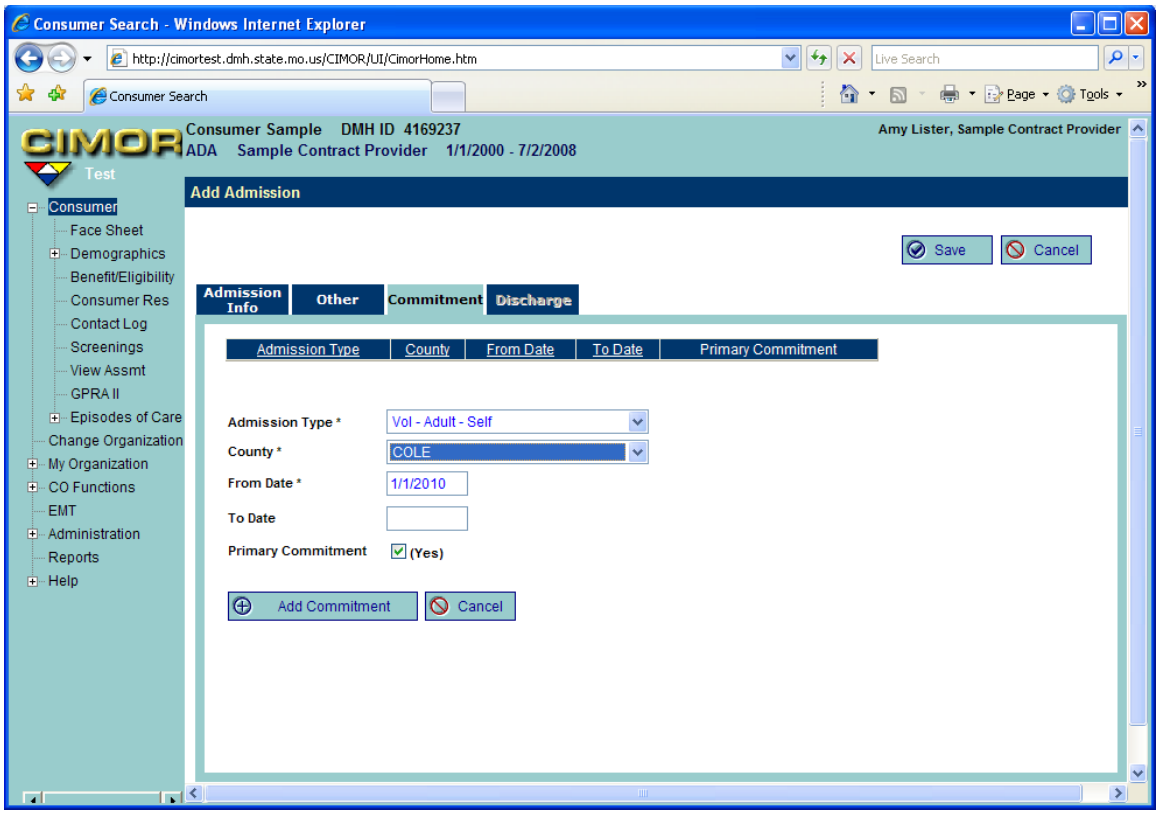
OTHER
Clergy
Department of Social Services
Former Consumer
Help Line – Includes Missouri's Problem Gambling helpline (888-BETS-OFF) and TEL-LINK (DHSS's referral line for maternal and child health care)
LEAD Institute – Leadership Education and Advocacy for the Deaf
School System
Self Help
Social or Community Agency (unspecified)
Other (Unspecified) – (Limit use for ADA Consumers)

Important Notes:
The above list does not preclude user from using other entries if user has a compelling reason to do so.

- Do not use the selections beginning with "Inpatient…" These selections were requested for use with MRDD Consumers.

If referral to treatment was DOC or Drug Court, in particular, be sure to mark appropriate referral source. ADA must be able to identify DOC and Drug Court referrals for reporting purposes.

Commitment



ADMISSION TYPE

Describes the type of commitment.

This is a field that is used department wide and the list of selections for this field is long. Not all selections are appropriate for ADA admissions. Listed below are the recommended selections for use for ADA Consumers.

Recommended entries for ADA Consumers:

VOLUNTARY - ADULT
Vol - Adult – Self: Adult by Self
Vol - Adult – Guardian: Adult by Guardian
Vol - Adult - Dur Pow Atty: Adult by Durable Power of Attorney

VOLUNTARY - MINOR
Vol - Minor – Guardian: Minor by Guardian
Vol - Minor – Self: Minor by Self
Vol - Minor – Parent: Minor by Parent
Vol - Minor - Legal Custodian: Minor by Legal Custodian

INVOLUNTARY – COURT ORDER
Invol Civ - Ad Ct Ord: Adult Court Order
Invol Civ - Minor Ct Ord: Minor Court Order

INVOLUNTARY – INITIATED BY A PEACE OFFICER
Invol Civ - Ad Ct Ord (Peace Off-Imm Harm): Adult Court Order by Peace Officer (Imminent Harm)

Invol Civ - Minor Ct Ord (PeaceOff-Imm Harm): Minor Court Order by Peace Officer (Imminent Harm)

INVOLUNTARY – INITIATED BY A QSAP

Invol Civ - (Qual ADA Couns-Imm Harm): by Qualified Alcohol and Drug Abuse Counselor (QSAP) (Imminent Harm)

Important Notes:

Involuntary commitments, where the individual presents a likelihood of serious harm to self or others as the result of substance abuse, require specific forms:

Commitment by a Peace Officer

If the involuntary commitment was initiated by a Peace Officer, then the following forms would be presented:

- an Application Imminent Harm (DMH 132),
- an Affidavit (DMH 142), and
- a List of Witnesses (DMH 137).

If Consumer is an adult – code as *Invol Civ - Ad Ct Ord (Peace Off-Imm Harm).*
If Consumer is a minor – code as *Invol Civ - Minor Ct Ord (PeaceOff-Imm Harm).*

Commitment by the Court

If the involuntary commitment was court ordered, then the following forms are typically involved:

- **96 hour**: an Order for 96 Hour Detention (DMH 129, OSCA MH 20) or
- **30 day**: Judgment for Involuntary Detention (DMH 136, OSCA MH 40).

If Consumer is an adult – code as *Invol Civ - Ad Ct Ord.*
If Consumer is a minor – code as *Invol Civ - Minor Ct Ord*.

Commitment by a Qualified Substance Abuse Professional (QSAP)

If the involuntary commitment was initiated by a QSAP, this would involve the same forms as listed under Peace Officer. This would be coded as *Invol Civ - (Qual ADA Couns-Imm Harm).*

Codependents should not be marked involuntary commitment.

A Drug Court recommendation or sanction or a Probation/Parole Office mandate do not constitute involuntary commitments.

If commitment status changes from involuntary to voluntary or voluntary to involuntary, then a new commitment needs to be added to CIMOR.

COUNTY

Identifies the county which originated the commitment order, generally found on the commitment forms.

FROM DATE

Start date of commitment.

TO DATE

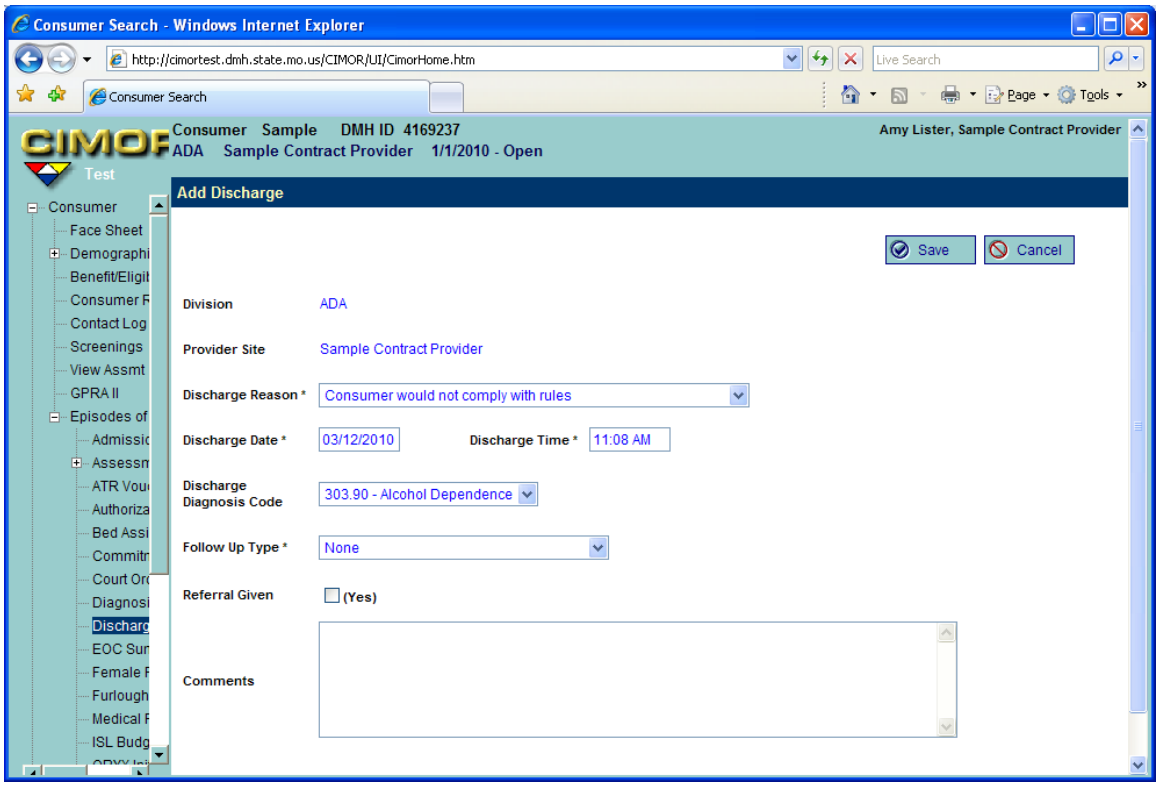
End date of commitment.

PRIMARY COMMITMENT

For ADA, identifies the current commitment.

Important Notes:
For an ADA Episode of Care, only one ADA commitment will exist at any given time (Note this may be different for a CPS Episode of Care) but an ADA Episode of Care may have multiple commitments covering different periods of time (i.e. client's status changes from voluntary to involuntary).

Discharge



DISCHARGE REASON

Reason for closing Consumer's ADA Episode of Care.

Valid entries:
Additional Services Advised, Referral Made – Satisfactory progress in treatment and is being referred to another ADA agency for continuation of treatment (Note AA/NA is not considered ADA treatment)
Admitted in Error – To be used when admission made to wrong Consumer and cannot be deleted because diagnosis has been entered.
Consumer Completed Treatment – Consumer has satisfactorily completed his/her individual treatment plan and is not being referred to any other level of ADA treatment. (Note AA/NA is not considered ADA treatment.) Also appropriate for Consumers who have self-terminated after significant engagement in treatment with serious work on treatment plan objectives and reason for discharge as *Completed* is most accurate description of episode.
Consumer died - (Also enter deceased date, if known, on Consumer Demographics)
Consumer dropped out – Program is willing to continue treatment services but Consumer stopped showing up for or participating in planned ADA treatment services.
Consumer moved away – Consumer relocated to area away from treatment provider
Consumer would not comply with rules – includes Consumer showing up for treatment under the influence
Incarcerated-offense during treatment / satisfactory progress – Consumer incarcerated due to an offense committed while in treatment and Consumer was making satisfactory progress in treatment / recovery.

Incarcerated-offense during treatment / unsatisfactory progress – Consumer incarcerated due to an offense committed while in treatment and Consumer was making unsatisfactory progress in treatment / recovery.
Incarcerated-charge pre-treatment / satisfactory progress – Consumer incarcerated due to old warrant or charge arising prior to treatment and Consumer was making satisfactory progress in treatment / recovery.
Incarcerated-charge pre-treatment / unsatisfactory progress – Consumer incarcerated due to old warrant or charge arising prior to treatment and Consumer was making unsatisfactory progress in treatment / recovery.
Medical Reasons – Other health or mental health issues prevent Consumer from continuing ADA treatment. May include transfer to hospital or other health care facility.
Transferred Consumer – Unsatisfactory progress in treatment and is being referred to another agency for ADA treatment. (Note AA/NA is not considered ADA treatment)
Did not meet assessment criteria – To be used when Consumer is admitted into an ADA EOC but subsequent assessments indicate Consumer does not need ADA treatment.

Important Notes:
NOTE → For the person entering a discharge reason, it is important to find the best fitting category.

For the purpose of DISCHARGE REASON, the term r*eferral* is taken to mean referral to ADA treatment and not to self-help groups or non-ADA treatment. ADA will use data item FOLLOW-UP TYPE to collect information on follow-up recommendations including that for self-help groups or non-ADA treatment.

DISCHARGE DATE

The date of the last service in the Consumer's Episode of Care.

Important Notes:
ADMISSION DATE and DISCHARGE DATE define the Consumer's Episode of Care. Program TO DATE and Program Level TO DATE should never come after DISCHARGE DATE. Programs are contained within Episode's of Care and Program Levels (if applicable) are contained within Programs.

FOLLOW UP TYPE

Indicates type of program/agency recommended to Consumer upon discharge. For ADA Episodes of Care, priority should be given to ADA treatment or ADA support follow up types. If no ADA follow up type is provided, then enter other applicable follow up type.

Valid entries:
…for ADA treatment or support
Community Self-Help – Peer-based groups including AA/NA, Al-Anon, Gambler's Anonymous
Inpatient Substance abuse – Detox with hospital supervision
Outpatient Treatment – ADA outpatient treatment
Residential Treatment Center – ADA residential treatment
Recovery Support – Agencies providing non-clinical treatment services supportive of recovery including spiritual counseling, employment coaching, life skills training, etc.

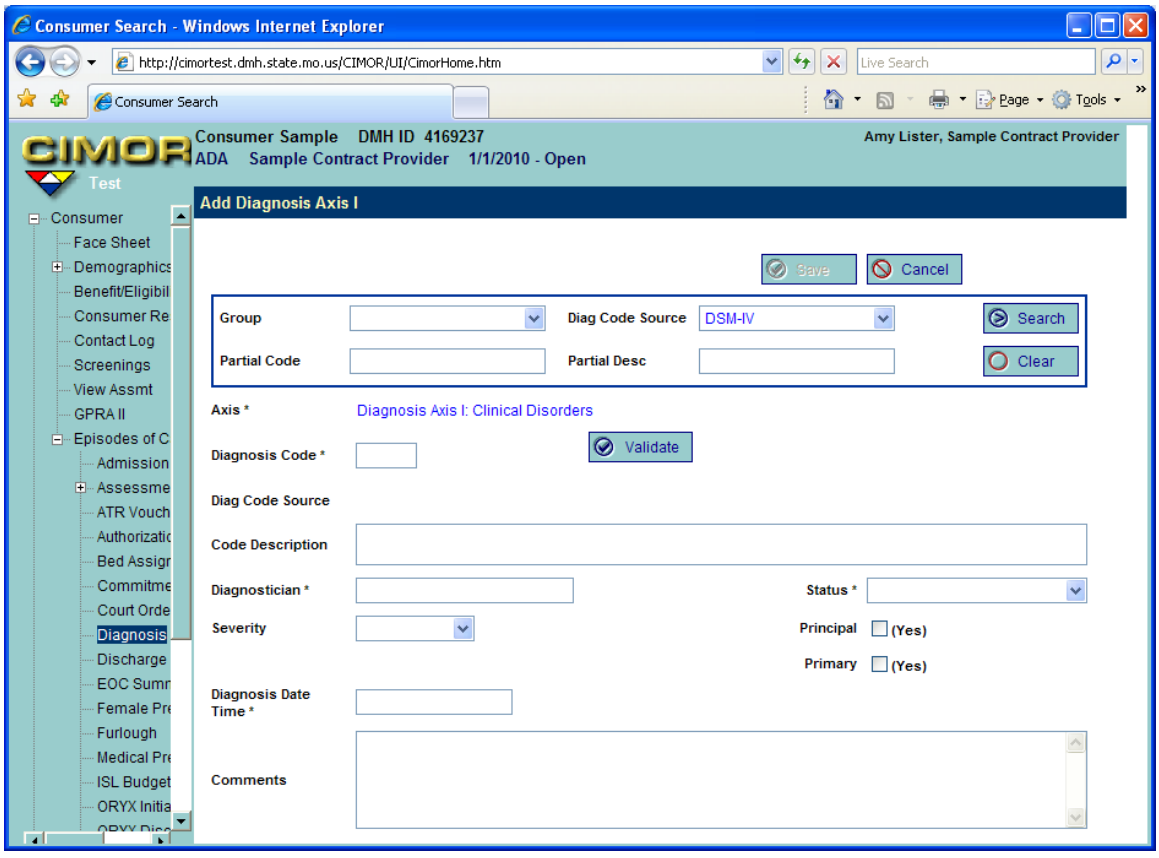
…for other mental health or medical
Administrative Agent
Case management
Community program – (Non-ADA)
Community Psychiatric Rehabilitation Center
Inpatient medical facility – Medical (non-mental health) treatment with hospital supervision
Inpatient psychiatric facility – Psychiatric treatment with hospital supervision
Medication Management, PCP – Primary care physician

Medication Management, Psychiatrist
Outpatient Clinic Program – (Non-ADA)
Residential Care Facility – (Non-ADA)
Sheltered Living Situation – Living environments organized to support people with disabilities
Sheltered Work Environment - Work organized by specialized providers (usually contracted with DESE) to create assembly jobs for people with disabilities
Skilled Nursing Facility

…for other
Half-way House
Returned to Penal/Correctional Inst
Other – (Only if no other category is suitable, specify in comments)
None

DO NOT USE:
Against Medical Advice - (Do not use for ADA Consumers)
Medical Hospital – (Do not use for ADA Consumers)

Diagnosis



For CSTAR Consumers, clinical diagnosis information must be entered in CIMOR. The CSTAR programs require at least one ADA diagnosis on Axis I.

Important Notes:

Diagnostic impressions are not allowed in CIMOR. If a diagnostic impression is made, it goes in the Consumer's file but not in CIMOR.

PRINCIPAL

The diagnosis that was "chiefly responsible for occasioning the evaluation or admission to clinical treatment." (*DSM-IV, American Psychiatric Association 2000*.)

Important Notes:
For a given Episode of Care, only one diagnosis can be marked as PRINCIPAL.

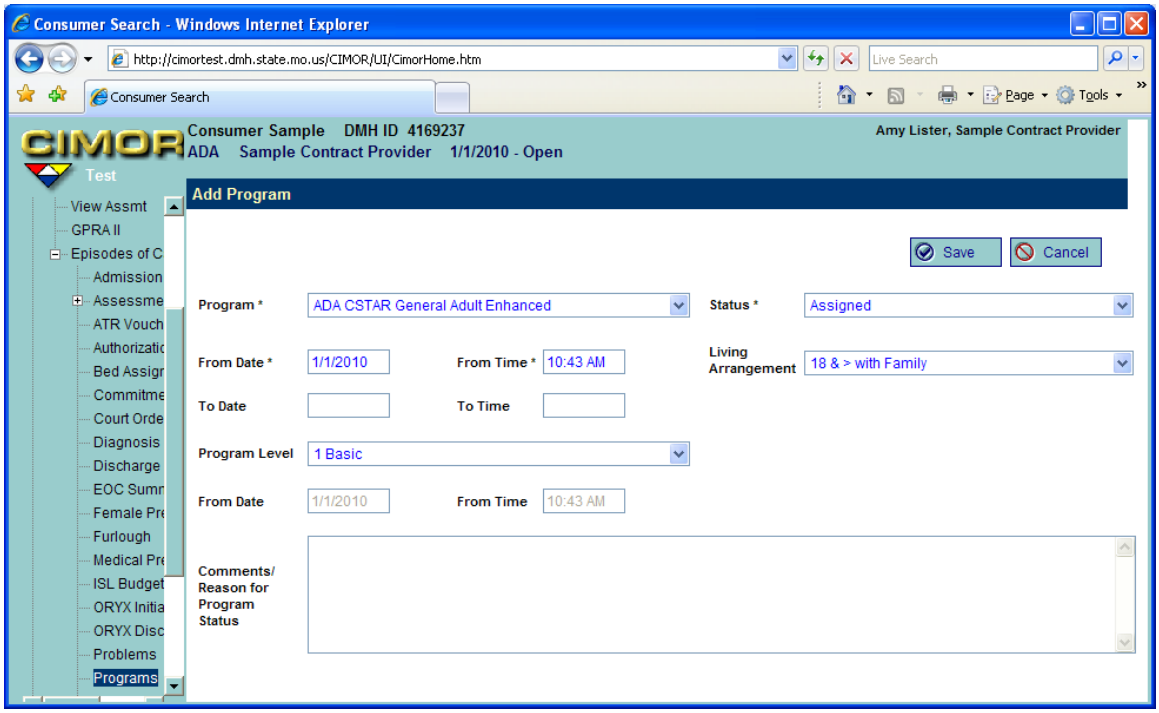
For an ADA Episode of Care and CSTAR program, an ADA diagnosis must be marked as PRINCIPAL. In CIMOR, diagnosis information is associated with the Episode of Care. A co-occurring Consumer can have an ADA principal diagnosis on an ADA episode of care and a CPS principal diagnosis on a CPS episode of care.

PRIMARY

A primary diagnosis is one that is not dependent on a co-existing illness.

Important Notes:
For a given Episode of Care, more than one diagnosis can be marked as primary.

Program



STATUS

Indicates status of Consumer's program

Valid entries:
…for Program Assignment:
Assigned – Use for all new assignments.
…for Program Closure:

Administrative Discharge – (Reserve for use by Central Office)
Completed – Consumer has completed the program goals or has had significant engagement in treatment with serious work on treatment plan objectives so that status as *Completed* is most accurate description
Eloped – Program is willing to continue treatment services but Consumer stopped showing up for or participating in planned ADA treatment services.
Incorrectly assigned – Incorrect program has been selected.
Noncompliant – Consumer would not comply with program/agency rules including Consumer showing up for treatment under the influence.
On Leave – (Do not use for ADA Program Assignment.)
Transferred – Consumer is being assigned to a different program or referred to a different ADA treatment agency.
Withdrawn – Agency is terminating Consumer's treatment due to non-compliance

LIVING ARRANGEMENT (defined under Consumer Demographics)

(Control + Click to follow link)

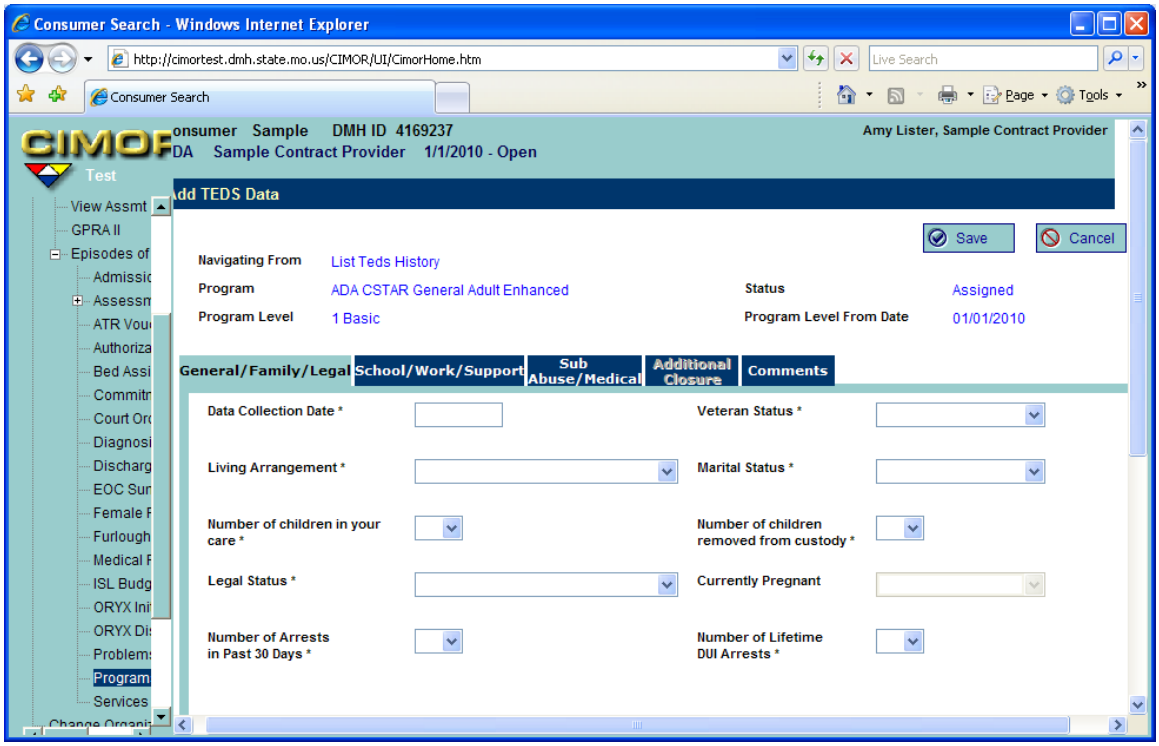
FROM DATE (PROGRAM/LEVEL)

Indicates start date of the program or program level.

Important Notes:
Program FROM DATE and Program Level FROM DATE should never come before ADMISSION DATE. Programs are contained within Episode's of Care and Program Levels (if applicable) are contained within Programs.

TEDS Data

General/Family/Legal



CURRENTLY PREGNANT

Indicates if female Consumer is pregnant.

Valid entries:
No
Yes
Unknown
Refused to answer

Important Notes:
If Consumer's pregnancy status changes during treatment, do update information in this field.
Avoid using selection *Unknown*. Do ask female Consumers about pregnancy status.

DATA COLLECTION DATE

Indicates most recent date in which the Consumer was interviewed and the TEDS data was collected.

Important Notes:
TEDS data must be collected at admission; level program level changes, if applicable; and at discharge.

DATA COLLECTION DATE must fall within the PROGRAM FROM DATE and TO DATE and PROGRAM LEVEL FROM DATE and TO DATE, if applicable.

DATA COLLECTION DATE cannot be a future date unless the program level is an authorized level and DATA COLLECTION DATE is equal to the program level FROM DATE.

At program closure, DATA COLLECTION DATE must equal the Program TO DATE.

LEGAL STATUS

Indicates Consumer's current judicial status.

Valid entries:
Not Applicable – No current involvement with the judicial system.
Awaiting Disposition
On Probation
On Parole
Incarcerated
Unknown – (Only allowed at program closure when Consumer PROGRAM STATUS is not *Completed*.)

LIVING ARRANGEMENT (defined under Consumer Demographics)

(Control + Click to follow link)

MARITAL STATUS (defined under Consumer Demographics)

(Control + Click to follow link)

Important Notes:
CIMOR will prompt user if Consumer's age<18 and MARITAL STATUS is anything other than NEVER MARRIED.

NUMBER OF ARRESTS IN PAST 30 DAYS

Indicates number of arrests Consumer has had in the past 30 days. Data item is collected at admission; level program level changes, if applicable; and at discharge..

Valid entries:
0, 1, 2, …, 96 (Listed separately)
Unknown (Valid only at Program Closure when Consumer PROGRAM STATUS is not *Completed*).

NUMBER OF CHILDREN IN YOUR CARE (defined under Consumer Demographics)

(Control + Click to follow link)

Important Notes:
Does not include step-children.

If a Consumer has more than 20 children in his/her care, select *20*.

NUMBER OF CHILDREN REMOVED FROM CUSTODY

Number of children that Division of Family Services has removed from Consumer's custody.

Valid entries:
0, 1, 2, …, 20 (Listed separately)
Unknown – (Valid only at Program Closure when Consumer PROGRAM STATUS is not *Completed*)

Important Notes:
Does not include step-children.

NUMBER OF LIFETIME DUI ARRESTS

Indicates number of DUI arrests Consumer has had over the course of his/her lifetime. Data are collected at admission, may be updated as needed.

Valid entries:
0, 1, 2, …, 96 (Listed separately)

VETERAN STATUS

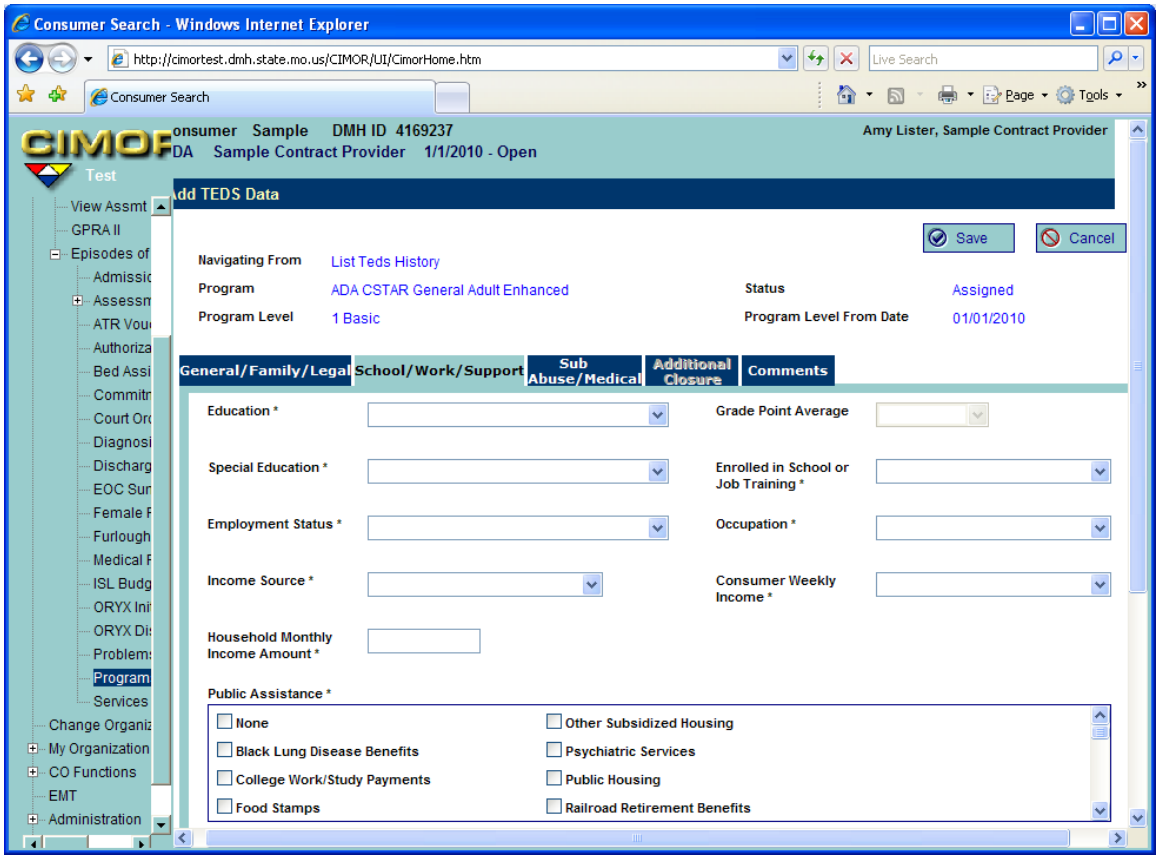
Indicates whether Consumer has ever served in the Uniformed Services.

Valid entries:
Yes
No

Important Notes:
"Armed Forces" include Army, Navy, Air Force, Marines, Coast Guard, Public Health Service Commissioned Corps, Coast and Geodetic Survey, etc.)

CIMOR will prompt user if Consumer's age < 18 and VETERAN STATUS=*yes*.

School/Work/Support



CONSUMER WEEKLY INCOME

Indicates weekly income of Consumer only even if Consumer is a minor.

Valid entries:
None
$1 - $49
$50 - $99
$100 - $149
$150 - $199
$200 - $299
$300 - $499
$500 and over
Unknown – (Valid only at Program Closure when Consumer PROGRAM STATUS is not *Completed*.)

Important Notes:
Note difference between WEEKLY INCOME and MONTHLY INCOME. WEEKLY INCOME refers to Consumer's income. MONTHLY INCOME refers to household income. (…and WEEKLY INCOME refers to a shorter timeframe.)

EDUCATION (STATUS)

Specifies the highest school grade the Consumer has completed in formal education. This can include education received while incarcerated.

Valid entries:
Kindergarten
1st Grade – 12th Grade - (Listed separately)
GED
1st Year College – 4th Year College - (Listed separately)
Graduate College
1 Yr Graduate
3 Yr Graduate
Doctorate Degree
Master Degree
No Academic
Tech Education in addition to High School
Tech Education in lieu of High School
Unknown - (Should not be used for ADA program assignment)

EMPLOYMENT (STATUS) (defined under Consumer Demographics)

(Control + Click to follow link)

Important Notes:
CIMOR will prompt user if Consumer's age<16 and EMPLOYMENT STATUS is *full-time* or *part-time*.

ENROLLED IN SCHOOL OR JOB TRAINING

Indicates if Consumer is enrolled in school or job training.

Valid entries:
No – Not currently engaged in any educational type activities
Yes – Includes formal academic education (elementary, secondary, college), GED classes, adult basic education, adult continuing education (non-credit), vocational school or training that is a certificate or diploma program,
Unknown - (Not allowed on ADA Program Assignment)

GRADE POINT AVERAGE (GPA)

Indicates Consumer's Grade Point Average (GPA) for the most recent single term. GPA is required for all CSTAR Adolescent primary Consumers.

Valid entries:

Grade	4-Point Scale	11-Point Scale
A+ / A	4	11
A-	3.67	10
B+	3.33	9
B	3	8
B-	2.67	7
C+	2.33	6
C	2	5
C-	1.67	4
D+	1.33	3
D	1	2
D-	0.67	1
F	0	0

Not Applicable – Use for 19 year-old consumers or adolescents who already have a GED but are enrolled in the CSTAR Adolescent Program.
Unknown - (Valid only at Program Closure when Consumer PROGRAM STATUS is not *Completed*.)

Important Notes:
The intent of this data item is to capture information on current school performance. Do not report a GPA based on grades earned over multiple years (i.e. Cumulative GPA.)

Report the GPA for the current quarter if known; otherwise, report GPA for the most recent completed quarter (or other reporting term) as indicated on student's most recent report card.

HOUSEHOLD MONTHLY INCOME AMOUNT

Indicates gross monthly income from all sources as shown on the most current Standard Means Test. Includes income sources from Consumer and Spouse (if applicable) or Parents if parents are the financially responsible party. Sources of income includes employment (wages, salary, tips, bonuses, self-employment), unearned income (rental income, dividends, interest), child support, retirement / pensions / social security / other benefits (i.e. VA), alimony, assistance (unemployment, SSI, worker's comp)

INCOME SOURCE

Indicates Consumer's principal source of financial support. For children under 18, this field indicates the parent's primary source of income support.

Valid entries:
[Employment]
Employment
Self Employment
[Retirement]
Civil Service Retirement
Military – Military Retirement Allotment
RR – Railroad Retirement
SSA – Social Security Benefits
Retirement – Other Retirement

[Other Benefits / Assistance]
VA – Veterans Administration Benefits
Disability
SSDI – Social Security Disability Income
SSI – Supplemental Security Income
Work Comp – Workers Compensation
Public Assistance – State
Unemployment
Disability – Disability Income from source other than Social Security Disability Income and Veterans Administration Benefits Disability**.**

[Other Sources]
Alimony – Maintenance Alimony
Child Support
Family/Friends
Illegal
UEI – Unearned (Dividends, Interest, Rental Income)

OCCUPATION

Indicates Consumer's current occupation (i.e. "What kind of work is Consumer doing?")

Valid entries:
Not applicable – Includes *Unemployed* and *Not in Labor Force* (i.e. homemakers, students, preschool, retired, disabled, those that are not employed and have not been seeking work in the past 30 days).
Clerical Workers – Typically, office support work, includes secretaries and administrative assistants
Craftsman – Includes carpenters, construction workers, etc.
Farm Labors – Typically, non-skilled agricultural workers
Farmer & Farm Mgr – Owner or manager of farm / agricultural business.
Laborers, Non-Farm – Typically non-skilled, includes stockers, drivers, factory assembly workers, etc.
Managers, Officials, Proprietors – Typically involves managerial or administrative work, includes administrators, office executives, business owners, elected officials, etc.
Military Service
Operatives (Mech Indus) – Typically mechanical work, includes auto mechanics, factory mechanics, appliance repair, etc.
Professional – Typically work requiring a license, certification, or degree, includes nurses, accountants, teachers, engineers, dentist, doctors, veterinarians, etc.
Sales Workers – Automobile sales, retail sales, etc.
Service and Household Workers – Typically non-skilled, includes janitors and building cleaners, food service workers, cashiers, etc.

Other – (Can be used for ADA if no other category works)

Important Notes:
If Consumer has more than one occupation, identify the one that he/she spends the most time doing.

OCCUPATION cannot be *Not Applicable* if EMPLOYMENT STATUS is *full-time* or *part-time*.

CIMOR will default to *Not Applicable* if EMPLOYMENT STATUS is of the type *Not in Workforce*. User may change from the default value as needed.

PUBLIC ASSISTANCE

Public assistance and social insurance programs Consumer is currently receiving. Consumer may be in more than one PUBLIC ASSISTANCE program at a time.

Valid entries:
None – (If selected, cannot select any others) Consumer is not receiving any public assistance and not in any social insurance programs.
Temporary Assistance to Needy Families – (TANF)
Food Stamps
General Relief
Medicaid
Supplemental Security Income
Low-Income Home Energy Assistance
Legal Services For the Poor
In-Home Supportive Services
Grants to Assist Victims of Domestic Violence
Refugee Assistance
Substance Abuse Treatment Assistance
Psychiatric Services
Mental Retardation and Development Disabilities
School Lunch Assistance
Section 8 Housing Payments
Section 8 Housing Vouchers
Public Housing
Other Subsidized Housing
Higher Education Grants
Higher Education Loans
College Work/Study Payments
Head Start
Trade Adjustment Assistance
Missouri Crime Victim Compensation
Job Opportunities and Basic Skills Training
Veteran Compensation
Medicare
Social Security Retirement Benefits
Social Security Disability Benefits
Social Security Survivors' Benefits
Black Lung Disease Benefits
Unemployment Compensation
Railroad Retirement Benefits

Worker's Compensation
Veterans' Pensions
Government Pensions
Other – (Use only if none of the other categories work.)

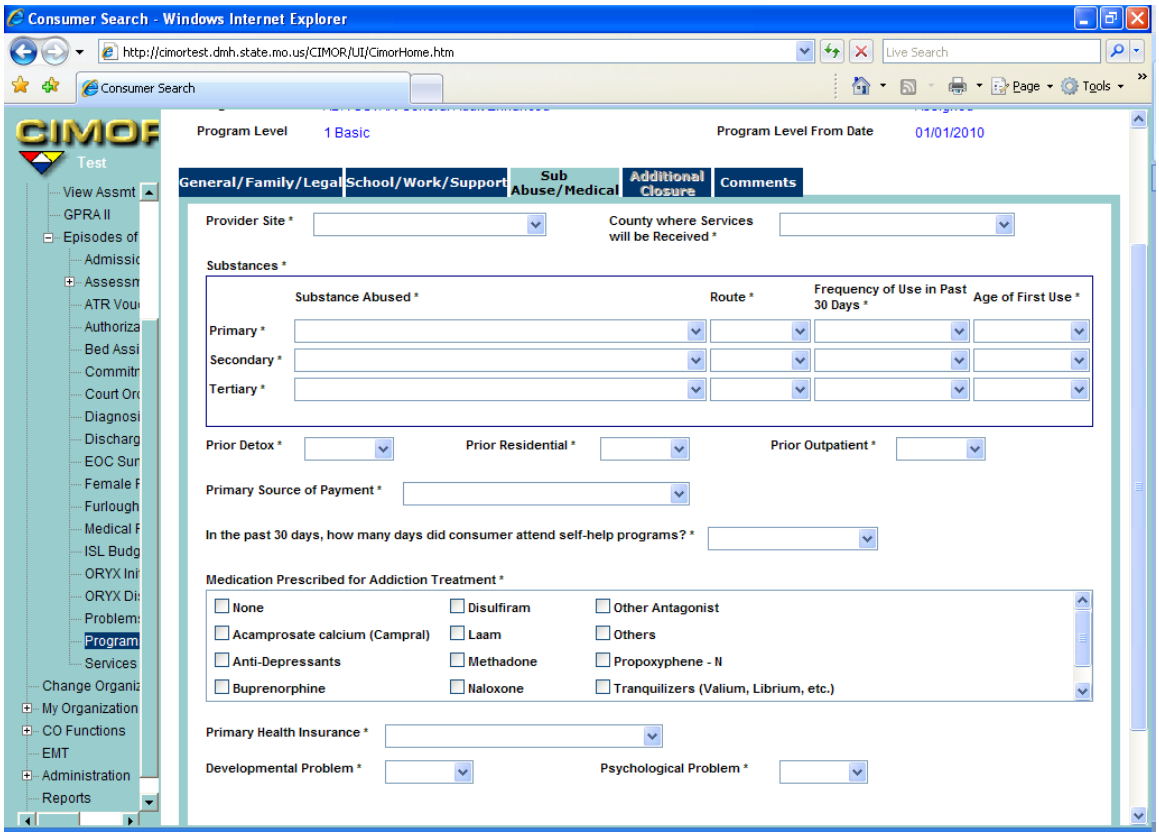
Important Notes:
If Consumer has multiple types of public assistance, mark all that apply. This field allows for multiple selections. If *None* is marked, then no other selections can be made.

SPECIAL EDUCATION

Indicates the level of Consumer's special education requirements.

Valid entries:
Special Education (Unspecified)
Trainable Mental Retardation (State Schools for the Retarded)
Educable Mental Retardation
Remedial Reading
Elementary and Secondary Special Education
Special School
Speech Therapy
Learning Disabled Classroom
Behavior Disordered Classroom
No Special Education
Resource Room
Special Education Testing Suggested

Sub Abuse/Medical



COUNTY WHERE SERVICES WILL BE RECEIVED

Indicates county where Consumer will receive ADA services.

Valid entries:
See CIMOR for actual list. Acceptable entries include any Missouri county name.

DEVELOPMENTAL PROBLEM

Indicates if Consumer has a developmental problem

Important Notes:
"Developmental Problem" is to include developmental disabilities such as mental retardation, cerebral palsy, head injuries, autism, epilepsy, and certain learning disabilities. Such conditions must have occurred before age 22, with the expectation that they will continue.

MEDICATION PRESCRIBED FOR ADDICTION TREATMENT

Indicates medication that is prescribed as part of Consumer's substance abuse treatment plan.

Valid entries:
None Prescribed
Naltrexone
Naloxone
Vivitrol
Other Antagonist
Methadone
Laam

Buprenorphine
Suboxone
Acamprosate calcium (Campral)
Propoxyphene-N
Cyclazocine
Disulfiram – (Antabuse)
Tranquilizers (Valium, Librium, etc.)
Anti-Depressants
Others – (Only use if no other category is appropriate)

Important Notes:
The intent of this field is to capture current status. Historical data should not be reported here.

MEDICATION PRESCRIBED FOR ADDICTION TREATMENT may be prescribed by someone other than the enrolling agency. The intent is to capture what medications are part of the Consumer's treatment plan and not who prescribed the medications.
Be sure to update MEDICATION PRESCRIBED FOR ADDICTION TREATMENT if change occurs during the course of Consumer's Episode.

This field is capturing information on pharmacological treatment. Do not indicate substance abused here.

If Consumer is currently taking more than one medication, mark all that apply. This field allows for multiple selections. If *None* is marked, then no other selections can be made.

PRIMARY HEALTH INSURANCE

Indicates Consumer's primary health insurance (if any). The insurance may or may not cover alcohol or drug treatment.

Valid entries:
Blue Cross/Blue Shield
Health Maintenance Organization
Other Private Insurance
Medicare
Medicaid
Other (e.g. TRICARE, CHAMPUS)
None

PRIMARY SOURCE OF PAYMENT

Indicates primary source of payment for this ADA treatment.

Valid entries:
Blue Cross / Blue Shield
Medicaid
Medicare
Other Gov – Other Government Payments
Workers Comp – Workers Compensation
Other Insurance – Other Health Insurance Companies
Self Pay
No charge – Charity, Special Research or Teaching
Other – (Only use if no other category works)

Important Notes:
If multiple payment sources exist, select the payment source with the largest percentage. When payment percentages are equal, then select either source.

Other Gov payment includes state general revenue and federal Substance Abuse Prevention and Treatment (SAPT) Block Grant funding streams (i.e. non-Medicaid POS funding.)

PRIOR DETOX

Indicates the number of previous Detox treatment episodes that Consumer has received in any alcohol and drug program.

Valid entries:
0 – No prior detox treatment.
1, 2, …, 4 (Listed separately)
5 or more

Important Notes:
Do not count the current treatment Episode.

PRIOR RESIDENTIAL

Indicates the number of previous residential treatment episodes that Consumer has received in any alcohol and drug program.

Valid entries:
0 – No prior detox treatment.
1, 2, …, 4 (Listed separately)
5 or more

Important Notes:
Do not count the current treatment Episode.

PRIOR OUTPATIENT

Indicates the number of previous outpatient treatment episodes that Consumer has received in any alcohol and drug program.

Valid entries:
0 – No prior detox treatment.
1, 2, …, 4 (Listed separately)
5 or more

Important Notes:
Do not count the current treatment Episode.

PROVIDER SITE

Indicates site at which consumer will receive services.
Important Notes:
If consumer will be receiving services from multiple sites, select the site where the majority of services will be received.

Be sure to update PROVIDER SITE when transferring Consumer to a different program level at a different location.

Do not confuse PROVIDER SITE on the Episode Admission and PROVIDER SITE on ADA TEDS:

Episode Admission: Parent organization may be selected for all Consumers.
ADA TEDS: Must select actual site where services will be delivered.

PSYCHOLOGICAL PROBLEM

Identifies whether Consumer has a psychological problem independent of his/her alcohol or drug use problem. Consumer may or may not be receiving treatment for psychological problem. Consumer's psychological problem may or may not be under control.

Valid entries:
No
Yes

Important Notes:
For the purpose of this data item, "psychological problem" may include schizophrenia and other psychotic disorders, mood disorders, anxiety disorders, somatoform disorders, factitious disorders, dissociative disorders, sexual and gender identify disorders, eating disorders, sleep disorders, impulsive-control disorders, adjustment disorders, personality disorders, and disorders usually first diagnosed in infancy, childhood, or adolescence. (*DSM-4, American Psychiatric Association 2000*)

If during the course of treatment, Consumer is diagnosed with a psychiatric disorder, be sure to update data item PSYCHOLOGICAL PROBLEM.

SUBSTANCES ABUSED

This section collects data on Consumer's substance problems. Each substance ranking (*Primary*, *Secondary*, *Tertiary*) has associated fields for route of administration, frequency of use, and age of first use. The ranking is to identify an ordering of Consumer's substance problem based on the impact to Consumer's quality of life. Determination should be based on a combination of factors such as the relative importance of the substance in causing the Consumer to seek treatment, the frequency and intensity of the abuse, the substance that caused the person the most problems, etc. Primary substance data must be provided for a primary user (non-collateral) Consumer. Secondary and tertiary data must be collected from Consumer.

Age of First Use

Indicates actual or approximate age Consumer first used substance identified in the SUBSTANCE data field.

Valid entries:
0, 1, 2, …, 96 (Listed separately)

Important Notes:
AGE OF FIRST USE cannot be greater than Age at Admission.

If Substance Abused is *None*, then AGE OF FIRST USE will default to *Not Applicable*.

Frequency of Use in Past 30 Days

Indicates number of days in the last 30 that Consumer reported any use at all of the substance identified in the SUBSTANCE data field.

Valid entries:
0, 1, 2, …, 30 (Listed separately)
Unknown – (Valid only at Program Closure when Consumer PROGRAM STATUS is not *Completed*)

Important Notes:
The response cannot be more than 30 days.

Ask specifically about behavior in "the past 30 days." Do not use "in the past month" as a substitute – this may lead to confusion and inaccurate responses. Example: If data are collected from Consumer on May 15th, the past 30 days covers April 16 to May 15.

If SUBSTANCE ABUSED is *None*, then AGE OF FIRST USE will default to *Not Applicable*.

Route

Identifies the typical way in which Consumer administers SUBSTANCE.

Valid entries:
Oral – Includes ingesting, swallowing, drinking, or dissolving drugs in the month or sublingually.
Smoking – Includes smoking the drug on its own (in a pipe, bong, etc.) and putting the drug in a tobacco cigarette to be smoked.
Inhalation – Includes the deliberate concentration and inhalation of common household products to get high ("Huffing," "Bagging," "Sniffing," "Snorting"). Also includes lighting or heating the drug and inhaling the resulting smoke.
IV Injection– Includes injecting drugs into veins.
Non-IV Injection – Includes injecting drugs into muscles and subcutaneous injecting ("skin popping").
Not Applicable – Route will auto-populate with 'Not Applicable' when 'None' is selected for the secondary and/or tertiary drug.

Important Notes:
In cases where two or more routes are routinely used, the most serious route should be identified. Order of severity from most to least: *IV Injection, Non-IV Injection, Smoking, Inhalation/Sniff, Oral*.

Make sure the ROUTE goes with the appropriate SUBSTANCE (i.e. no inhaling alcohol or injecting tobacco.)

If SUBSTANCE ABUSED is *None*, then ROUTE will default to *Not Applicable*.

Substance Abused

Indicates substances abused by Consumer.

Valid entries:
[Alcohol]
Alcohol

[Cocaine]
Crack – Includes freebase cocaine – chips, chunks, or rocks
Other Cocaine – Includes powder form (Cocaine hydrochloride.)

[Marijuana]
Marijuana / Hashish / THC – Includes Marinol (contains THC) if non-prescribed.

[Opiates]
Heroin
Morphine (Kadian, Avinza, MS Contin)
Fentanyl (Duragesic)
Diphenoxylate (Lomotil)
Non-prescription Methadone - (Do not report MEDICATION PRESCRIBED FOR ADDICTION TREATMENT here. Report substance abused.)
Codiene (700)
D-Propoxyphene (Darvon)
Oxycodone (Oxycontin)
Meperidine HCI (Demerol)
Hydromorphone (Dilaudid)
Pentazocine (Talwin)
Hydrocodone (Vicodin)
Tramadol (Ultram)
Other Opiates and Synthetics

[Hallucinogens]
PCP or PCP Combinations
LSD
Other Hallucinogens

[Stimulants]
Methamphetamine / Speed
Amphetamine (Adderall, Dexedrine)
Methylenedioxmethamphetamine (MDMA,Ecstasy)
Methylphenidate (Ritalin)
Other Amphetamines
Other Stimulants

[Benzodiazepines]
Alprazolam (Xanax)
Chlordiazepoxide (Librium)
Clorazepate (Tranzene)
Diazepam (Valium)
Flurazepam (Dalmane)
Lorazepam (Ativan)
Triazolam (Halcion)
Estazolam (ProSom)
Flunitrazepam (Rohypnol)
Clonazepam (Clonopin, Rivotril)
Other Benzodiazepines

[Tranquilizers]
Meprobamate (Miltown)
Other Tranquilizers

[Sedatives]
Phenobarbital
Secobarbital / Amobarbital (Tuinal)
Secobarbital (Seconal)
Mephobarbital (Mebaral)
Pentobarbital Na (Nembutal)
Other Barbiturate Sedatives
Ethclorvynol (Placidyl)
Glutethimide (Doriden)
Methaqualone
Other Non-Barbituarate Sedatives
Other Sedatives

[Inhalants]
Aerosols - Sprays that contain propellants and solvants. Includes spray paints, deodorant and hair sprays, vegetable oil sprays for cooking, and fabric protector sprays.
Nitrites – Includes cyclohexyl nitrite, isoamyl (amyl) nitrite, isobutyl (butyl) nitrite (slang: "poppers," "snappers")
Solvents – Includes paint thinners and removers, dry-cleaning fluids, degreasers, gasoline, glues, correction fluids, and felt-tip marker fluids.
Anesthetics – Includes nitrous oxide, ether, halothane, chloroform
Other Inhalants

[Other drugs]
Diphenhydramine
Over-the-counter
Diphenylhydantion Phenytoin (Dilantin)
GHB/GBL (Gamma-Hydroxybutyrate, Gamma-Butyrolacton)
Ketamine (Special K) – Also "vitamin K"
Other Drugs – (Use if no other category works.)
Tobacco – (Valid only as secondary or tertiary.) – Includes cigarettes, cigars, and pipe, chewing tobacco.

[None]
None – only allowed for *Secondary* or *Tertiary*.

Important Notes:
Primary, *Secondary*, and *Tertiary* substance information must be collected from Consumer. An attempt should be made to get a comprehensive picture of Consumer's use of substance(s). If Consumer has no *Secondary* substance, then enter *None* for SUBSTANCE for ranking *Secondary*. If Consumer has no Tertiary substance, then enter *None* for SUBSTANCE for ranking *Tertiary*. If *None* is indicated for SUBSTANCE, CIMOR will populate NUMBER OF DAYS OF USE IN PAST 30 DAYS, ROUTE, and AGE OF FIRST USE with *Not Applicable*.

The same SUBSTANCE cannot be listed as one more than one ranking (*Primary*, *Secondary*, *Teritary*).

Unprescribed use of prescription medication or misuse of prescribed medication (e.g. taking more than prescribed) should also be recorded.

This is the substance list used for the federal TEDS reporting (with the exception of the Tobacco category.) While other tools (i.e. ASI, GPRA) may use broader drug categories, be as specific as possible in identifying Consumer's substance problem(s) for this data item.

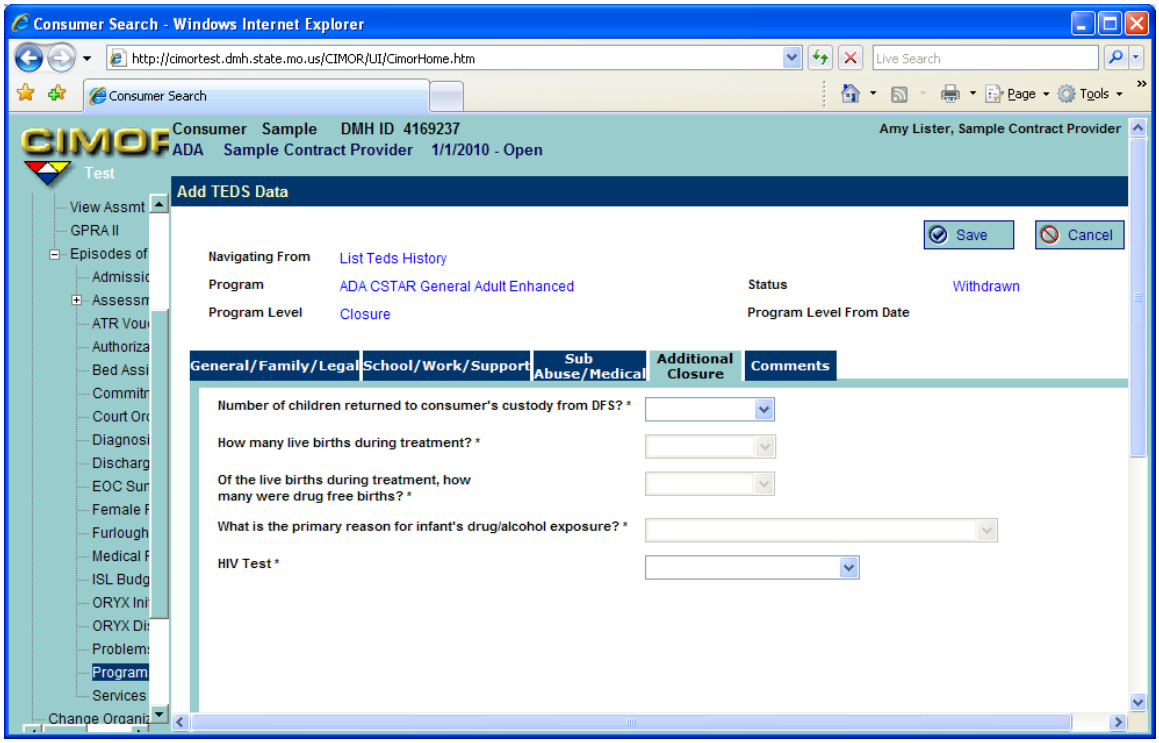
Use *Other Drugs* as a last resort – if none of the other categories are appropriate.

IN THE PAST 30 DAYS, HOW MANY DAYS DID CONSUMER ATTEND SELF-HELP PROGRAMS

Indicates the number of days within the past 30 days that the consumer has attended a self-help program. This includes attendance at AA, NA, Oxford House, Secular Organization for Sobriety, Women for Sobriety and other self-help/mutual support groups focused on recovery from substance abuse and dependence.

Valid entries:
0, 1, 2, …, 30 (listed separately)
Unknown (Valid only at Program Closure when Consumer PROGRAM STATUS is not *Completed*.)

Additional Closure



HIV TEST

Indicates the results of Consumer's last HIV test.
Valid entries:
HIV Positive
AIDS/ARC Diagnosis - (AIDS / AIDS-related complex)
HIV Negative
HIV Status Unknown
Not Collected

NUMBER OF CHILDREN RETURNED TO CUSTODY

Number of children that Division of Family Services has returned to your custody.

Valid entries:
0, 1, 2, …, 20 (Listed separately)
Unknown – (Valid only at Program Closure when Consumer PROGRAM STATUS is not *Completed*.)

Important Notes:
Does not include step-children.

Data is collected at Program Closure only.

NUMBER OF CHILDERN RETURNED TO CUSTODY cannot be greater than NUMBER OF CHILDREN REMOVED FROM CUSTODY.

If a consumer had more than 20 children returned to his/her custody, then select *20*.

TREATMENT BIRTHS

Number of Live Births

Number of live births given by pregnant Consumer during the course of treatment.
Valid entries:
0, 1, 2, …, 10 (Listed separately)
Unknown – (Valid only at Program Closure when Consumer PROGRAM STATUS is not *Completed*.)

Important Notes:
Data is collected at Program Closure only.

Make every attempt to collect this data if Consumer is a pregnant female. This is an important outcome measure for ADA. Reserve use of *Unknown* for rare occasions when information cannot be obtained.

If Consumer gives birth to living twins, then record "2" for NUMBER OF LIVE BIRTHS.

Number of Drug Free Births

Number of births given by pregnant Consumer while in substance abuse treatment where illicit drugs were not detected in newborn drug screening.

Valid entries:
0, 1, 2, …, 10
Unknown

Important Notes:
Data is collected at Program Closure only.

NUMBER OF DRUG FREE BIRTHS must be less than or equal to the NUMBER OF LIVE BIRTHS. Reserve use of *Unknown* for rare occasions when information cannot be obtained.

Make every attempt to collect this data if Consumer is a pregnant female. This is an important outcome measure for ADA.

Exposure Reason

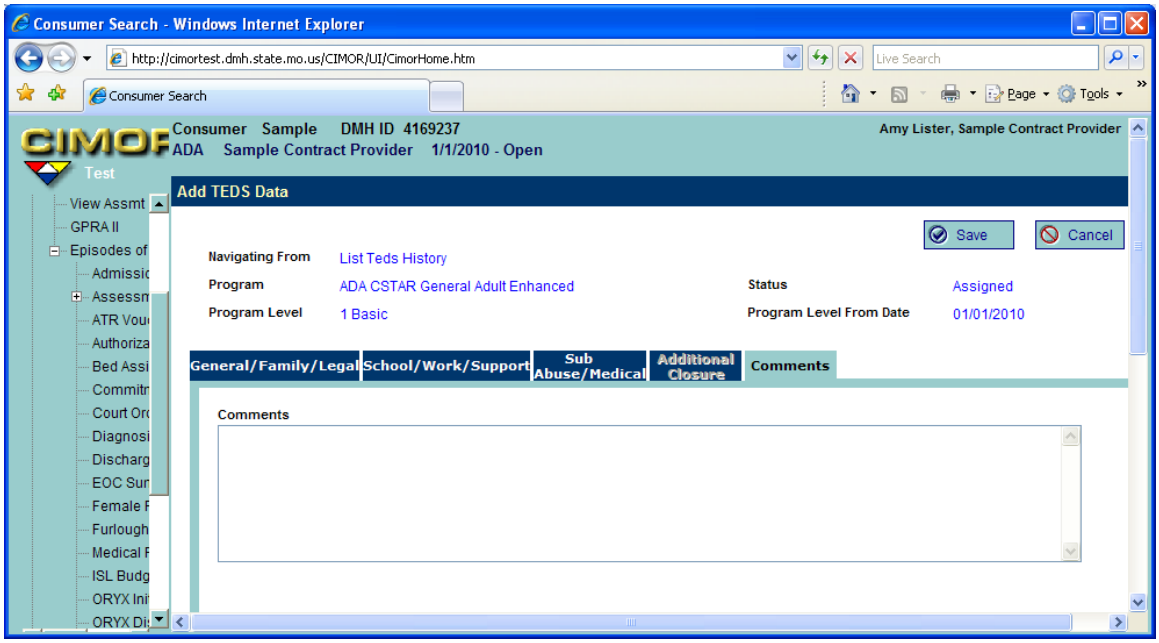
Reason for newborn drug exposure.

Valid entries:
Entered treatment and delivered shortly thereafter
Tested positive for a drug with a long half-life
Relapse
Unknown

Important Notes:
Data is collected at Program Closure only.

EXPOSURE REASON is required if NUMBER OF DRUG FREE BIRTHS is less than the NUMBER OF LIVE BIRTHS.

Comments



COMMENTS

Textbox may be used to add any pertinent notes regarding Consumer's TEDS data, treatment planning or progress, etc.

Appendix A: Sample Data Collection Form

TEDS DATA COLLECTION PAGES

DMH ID	Consumer Last Name	First Name	Middle Name
Maiden Name	Alias Last Name	Alias First Name	Alias Middle Name

Birth Date	SSN	Admission Date	Program	Program Level

TEDS General/Family/Legal

Data Collection Date:

Veteran Status
- ☐ Yes
- ☐ No

Marital Status
- ☐ Never married
- ☐ Married
- ☐ Widowed
- ☐ Divorced
- ☐ Separated
- ☐ Remarried
- ☐ Common Law
- ☐ Living as married

Number of Children in Your Care:

Number of Children Removed from Custody:

Number of Arrests in Past 30 Days:

Number of Lifetime DUI Arrests:

Legal Status
- ☐ Does Not Apply
- ☐ Awaiting Disposition
- ☐ Incarcerated
- ☐ On Parole
- ☐ On Probation

Currently Pregnant (Females Only)
- ☐ Yes
- ☐ No
- ☐ Unknown
- ☐ Refused to Answer

TEDS School/Work/Support

Education (last level completed)
- ☐ Kindergarten
- ☐ 1st Grade
- ☐ 2nd Grade
- ☐ 3rd Grade
- ☐ 4th Grade
- ☐ 5th Grade
- ☐ 6th Grade
- ☐ 7th Grade
- ☐ 8th Grade
- ☐ 9th Grade
- ☐ 10th Grade
- ☐ 11th Grade
- ☐ 12th Grade
- ☐ G.E.D.
- ☐ 1st Year College
- ☐ 2nd Year College
- ☐ 3rd Year College
- ☐ 4th Year College
- ☐ Graduate College
- ☐ 1 Yr Graduate
- ☐ 3 Yr Graduate
- ☐ Doctorate Degree
- ☐ Master Degree
- ☐ No Academic
- ☐ Tech Ed in addn to High School
- ☐ Tech Ed in lieu of High School

Grade Point Average (Adolescent consumers only)
- ☐ A/A+
- ☐ A-
- ☐ B+
- ☐ B
- ☐ B-
- ☐ C+
- ☐ C
- ☐ C-
- ☐ D+
- ☐ D
- ☐ D-
- ☐ F
- ☐ Not Appl.

Special Education
- ☐ Behavior Disordered Classroom
- ☐ Educable Mental Retardation
- ☐ Elementary & Secondary Special Education
- ☐ Learning Disabled Classroom
- ☐ No Special Education
- ☐ Not Collected
- ☐ Remedial Reading
- ☐ Resource Room
- ☐ Special Education (Unspecified)
- ☐ Special Education Testing Suggested
- ☐ Special School
- ☐ Speech Therapy
- ☐ Trainable Mental Retardation

Employment Status
- ☐ Employed-Full Time (35+hrs/wk)
- ☐ Employed-Part Time (< 35 hrs/wk)
- ☐ Sheltered Workshop
- ☐ Supported Employment
- ☐ Unemployed-Sought last 30 days or on layoff
- ☐ Not In Workforce – Homemaker
- ☐ Not In Workforce – Student (acad. or vocational)
- ☐ Not In Workforce – Retired
- ☐ Not In Workforce – Disabled
- ☐ Not In Workforce – Inmate of Institution (invol)
- ☐ Not In Workforce - Other

Living Arrangement
- ☐ < 18 with Both Parents
- ☐ <18 with Single Parents
- ☐ < 18 with Other Relatives
- ☐ < 18 with Foster Home
- ☐ < 18 with Private Care Facility
- ☐ < 18 with Public Care Facility
- ☐ < 18 with Independent Living
- ☐ < 18 with Other
- ☐ < 18 with Parent/Step Parent
- ☐ 18 & > with Alone
- ☐ 18 & > with Family
- ☐ 18 & > with Unrelated Person
- ☐ 18 & > with Adult Foster Care
- ☐ 18 & > with Nursing Home
- ☐ 18 & > with Transitional
- ☐ 18 & > with Other Public/Private
- ☐ 18 & > with Parent or Siblings
- ☐ 18 & > with Other
- ☐ 18 & > with Homeless Shelter
- ☐ 18 & > Jail/Correctional Facility
- ☐ 18 & > with Homeless
- ☐ 18 & > with Spouse Only
- ☐ All ages with Oxford House
- ☐ All ages with CSTAR Supported Housing
- ☐ All ages with CSTAR Residential
- ☐ All ages with Refused to Answer
- ☐ Residential Care Facility (RCF)

Enrolled in School or Job Training
- ☐ Yes ☐ No

Household Monthly Income:

Consumer Weekly Income
- ☐ None
- ☐ $1 - $49
- ☐ $50 - $99
- ☐ $100 - $149
- ☐ $150 - $199
- ☐ $200 - $299
- ☐ $300 - $499
- ☐ $500 & Over

Occupation
- ☐ Clerical Workers
- ☐ Craftsmen
- ☐ Farm Labors
- ☐ Farmer & Farm Mgr
- ☐ Laborers, Non-Farm
- ☐ Managers, Official, Proprietors
- ☐ Military Service
- ☐ Not Applicable
- ☐ Operatives (Mech Indus)
- ☐ Other
- ☐ Professional
- ☐ Sales Worker
- ☐ Service and Household

Income Source

- ☐ Alimony
- ☐ Child Support
- ☐ Civil Service Retirement
- ☐ Disability
- ☐ Employment
- ☐ Family/Friends
- ☐ Illegal
- ☐ Military
- ☐ None
- ☐ Other
- ☐ Public Assistance - State
- ☐ Railroad Retirement
- ☐ Retirement
- ☐ Self Employment
- ☐ SSA
- ☐ SSDI
- ☐ SSI
- ☐ Unearned Income
- ☐ Unemployment
- ☐ VA
- ☐ Work Comp

Public Assistance

- ☐ None
- ☐ Black Lung Disease Benefits
- ☐ College Work/Study Programs
- ☐ Food Stamps
- ☐ General Relief
- ☐ Government Pensions
- ☐ Grants to Assist Victims of Domestic Violence
- ☐ Head Start
- ☐ Higher Education Grants
- ☐ Higher Education Loans
- ☐ In-Home Supportive Services
- ☐ Job Opportunities and Basic Skills Training
- ☐ Legal Services For The Poor
- ☐ Low-Income Home Energy Assistance
- ☐ Medicaid
- ☐ Medicare
- ☐ Mental Retardation and Development Disabilities
- ☐ Missouri Crime Victim Compensation
- ☐ Other
- ☐ Other Subsidized Housing
- ☐ Psychiatric Services
- ☐ Public Housing
- ☐ Railroad Retirement Benefits
- ☐ Refugee Assistance
- ☐ School Lunch Assistance
- ☐ Section 8 Housing Payments
- ☐ Section 8 Housing Vouchers
- ☐ Social Security Disability Benefits
- ☐ Social Security Retirement Benefits
- ☐ Social Security Survivor's Benefits
- ☐ Substance Abuse Treatment Assistance
- ☐ Supplemental Security Income
- ☐ Temporary Assistance To Needy Families
- ☐ Trade Adjustment Assistance
- ☐ Unemployment Compensation
- ☐ Veterans' Compensation
- ☐ Veterans' Pensions
- ☐ Worker's Compensation

TEDS Sub Abuse/Medical

Provider Site

County where Services will be received

Primary Substance

Number of Days Used in Past 30 Days:

Age of First Use:

Route

- ☐ Inhalation
- ☐ IV Injection
- ☐ Non IV Injection
- ☐ Oral
- ☐ Smoking

Secondary Substance

Number of Days Used in Past 30 Days:

Age of First Use:

Route

- ☐ Inhalation
- ☐ IV Injection
- ☐ Non IV Injection
- ☐ Oral
- ☐ Smoking

Tertiary Substance

Number of Days Used in Past 30 Days:

Age of First Use:

Route

- ☐ Inhalation
- ☐ IV Injection
- ☐ Non IV Injection
- ☐ Oral
- ☐ Smoking

Prior Detox

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 or more

Prior Residential

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 or more

Prior Outpatient

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 or more

Primary Source of Payment

- ☐ Self Pay
- ☐ Blue Cross/Blue Shield
- ☐ Medicare
- ☐ Medicaid
- ☐ Other Government
- ☐ Workers Comp
- ☐ Other Insurance
- ☐ No Charge
- ☐ Other

Medication Prescribed for Addiction Treatment

- ☐ None
- ☐ Naltrexone
- ☐ Naloxone
- ☐ Vivitrol
- ☐ Other Antagonist
- ☐ Methadone
- ☐ Laam
- ☐ Buprenorphine
- ☐ Suboxone
- ☐ Acamprosate calcium (Campral)
- ☐ Propoxphene-N
- ☐ Cyclazocine
- ☐ Disulfiram
- ☐ Tranquilizers (Valium, Librium, etc.)
- ☐ Anti-Depressants
- ☐ Others

Primary Health Insurance

- ☐ Blue Cross/Blue Shield
- ☐ Health Maintenance Organization (HMO)
- ☐ Other Private Insurance
- ☐ Medicare
- ☐ Medicaid
- ☐ Other (e.g., TRICARE, CHAMPUS)

Developmental Problem

- ☐ Yes
- ☐ No

Psychological Problem

- ☐ Yes
- ☐ No

In the past 30 days, how many days did consumer attend self-help programs?

TEDS Additional Closure – This page is to be included at program closure

Number of Children returned to consumer's custody from DFS:	**Number of live births during treatment** (Females only):	**Of the live births during treatment, how many were drug free births?** (Females only)
HIV Test Results ☐ AIDS/ARC Diagnosis ☐ HIV Negative ☐ HIV Positive ☐ HIV Status Unknown		**If 'Drug Free Births' response is less than number of live births, what is the primary reason for infant's drug/alcohol exposure?** (Females only) ☐ Entered treatment and delivered shortly thereafter ☐ Relapse ☐ Tested positive for a drug with a long half-life ☐ Unknown